WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 1 RUN DATE 06/02/04

CSR LOG

NUMBER - 3278 SUB BY- DEBBIE KINGERY SUB FOR- OPPS PROJECT PAGE- 1

ENTERED-12/15/99 PRIORITY- EST-DAYS-000 REQD-08/01/04

BEGIN-12/15/99 COMPLETE- CLOSE-

DESCRIPTION: NEW OUTPATIENT HOSPITAL GROUPER

STATUS: ANALYSIS IN PROCESS
REOUEST CONTROL NUMBER: 3332

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

PLEASE BEGIN MAKING THE NECESSARY CHANGES IN THE MMIS SYSTEM TO PREPARE FOR IMPLEMENTATION OF THE OUTPATIENT HOSPITAL GROUPER. DEVELOP A DSD DETAILING THE CHANGES.

WE WILL HAVE THE GROUPER AVAILABLE BY FEBRUARY 2000.

ADDENDUM AS OF 11/08/01

PLEASE PUT THE OPPS SYSTEM MODIFICATIONS ON HOLD. THE TENTATIVELY SCHEDULE START DATE IS NOT APRIL 1, 2003 OR 6 MONTHS AFTER HIPPA IMPLEMENTATION, WHICHEVER COMES FIRST.

THIS HAS BEEN DISCUSSED WITH DON BOOGERD.

SYSTEM SPECIFICATIONS:

12/15/99. ADDED - 527.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 2 RUN DATE 06/02/04

CSR LOG

NUMBER - 3774 SUB BY- ALLON PETERMAN SUB FOR- MMIS SERVICES PAGE- 1

ENTERED-07/17/01 PRIORITY- EST-DAYS-000 REQD-

BEGIN-07/17/01 COMPLETE- CLOSE-

DESCRIPTION: PLUG SSN/IRS ON PROVIDER PAGE 5

STATUS: ANALYSIS IN PROCESS

REQUEST CONTROL NUMBER: 3856

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

THERE IS A REQUIREMENT FOR PROVIDER ENROLLMENT TO TIE ALL PROVIDERS, ON PAGE 5 OF THE PROVIDER'S FILE, IF THE PROVIDER NUMBERS SHARE A COMMON SSN OR IRS NUMBER.

PLEASE HAVE THE MMIS NOW, AND ON A CONTINUING BASES, MAKE A CHECK OF ALL THE NUMBERS ON THE SYSTEM AND PLUG THEM ON PAGE 5.

FOR EXAMPLE:

IF THREE PROVIDERS SHARED THE SAME IRS NUMBER ALL THREE PROVIDERS WOULD HAVE THE OTHER TWO PROVIDER NUMBERS ON PAGE 5.

THIS HAS BEEN DISCUSSED WITH DON BOOGERD.

ADDENDUM AS OF APRIL 9, 2004

PLEASE APPLY THE INFORMATION ABOVE TO THE FOLLOWING PROVIDER TYPES:

18, 19, 20, 25, 27, 28, 29, 30, 31, 32, 34, 43, 88

THIS WILL BE A ONE-TIME CORRECTION AND NOT AN ONGOING PROCESS.

THIS HAS BEEN DISCUSSED WITH DON BOOGERD.

ADDENDUM AS OF APRIL 26, 2004

PLEASE APPLY THE INFORMATION ABOVE TO THE FOLLOWING PROVIDER TYPE:

15

THIS HAS BEEN DISCUSSED WITH DARIN MORIN.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 3 RUN DATE 06/02/04

CSR LOG

NUMBER - 3774	SUB BY- ALLON PET	TERMAN SUB	FOR- MMIS	SERVICES	PAGE -	2
ENTERED-07/17/0		TY- EST-D	AYS-000		REQD-	
BEGIN-07/17/01		CLOSE-				
SYSTEM	SPECIFICATIONS:					
07/17/01	. ADDED - 179.					

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 4 RUN DATE 06/02/04

CSR LOG

NUMBER - 3786 SUB BY- ROBYN PARRISH SUB FOR- MMIS SERVICES PAGE - 1

ENTERED-07/31/01 PRIORITY- EST-DAYS-000 REQD
BEGIN-07/31/01 COMPLETE-11/29/02 CLOSE-

DESCRIPTION: ADD DISK TO SCREEN 14 LABEL REO

STATUS:

REQUEST CONTROL NUMBER: 3868

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

PLEASE ADD TO THE 14 SCREEN IN MMIS, THE ABILITY TO REQUEST LABELS ON DISK. CURRENTLY THERE IS:
ADDRESS LABELS
ADDRESS INSERTS

ADDRESS LABELS
ADDRESS INSERT
HEAT LABELS
TAPE LABELS

PLEASE ADD "DISK LABELS".

THIS HAS BEEN DISCUSSED WITH DON BOOGERD.

SYSTEM SPECIFICATIONS:

CHANGE THE PROCEDURE FOR WPRVRPTX TO USE FTP INSTEAD OF ALCJFCB3.

CHANGE BWMC0645 TO ADD THE APPROPRIATE FTP STATEMENTS TO THE GENERATED JCL.

CHANGE BWSP5509 TO GENERATE FTP STATEMENTS FOR THE ADDRESS LABEL FILE.

07/31/01. ADDED - 179.

09/23/02. UPDATED - 032

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 5
RUN DATE 06/02/04

CSR LOG

NUMBER - 3920 SUB BY- PATTY ORTH SUB FOR- MMIS SERVICES PAGE- 1

ENTERED-12/19/01 PRIORITY- EST-DAYS-000 REQD
BEGIN-12/19/01 COMPLETE-01/21/02 CLOSE-

DESCRIPTION: ADD DEA NUMBER TO MMIS DRUG CLM

STATUS:

REQUEST CONTROL NUMBER: 4003

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

PLEASE CREATE A FIELD IN THE MMIS PRESCRIPTION DRUG CLAIM RECORD TO HOLD THE DEA NUMBER.

ADDENDUM AS OF JANUARY 3, 2002

PLEASE ADD A FIELD ON THE PROVIDER MASTER FILE (SCREEN 08) IN MMIS FOR THE DEA NUMBER.

ADDENDUM AS OF JANUARY 22, 2002

PLEASE ADD A FIELD FOR THE PROVIDER FAX NUMBER TO PAGE TO OF THE PROVIDER MASTER FILE.

THIS HAS BEEN DISCUSSED WITH RANDY STAMP.

SYSTEM SPECIFICATIONS:

THIS CSR IS REQUESTING TWO ITEMS. FIRST, THE ADDITION OF THE DEA NUMBER TO THE MMIS DRUG RECORD. THIS WILL BE DONE FIRST BY ADDING THE DEA NUMBER FIELD TO THE CLM-HEADER-VARIABLE PORTION OF THE DRUG RECORD, AND MOVING THIS VALUE FROM THE POINT-OF-SALE RECORD TO THE MMIS RECORD IN BWMX5000.

PROGRAM CHANGES WILL BE MADE IN: BWMC1500, BWMC1505, BWMC8524, BWSC8030, AND BWMX5000.

THE SECOND PORTION OF THE CSR IS TO ADD A FAX NUMBER TO THE PROVIDER RECORD, AND TO ADD IT AND THE DEA NUMBER TO THE PROVIDER SCREENS.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 6 RUN DATE 06/02/04

CSR LOG

NUMBER - 3920 S	UB BY- PATTY ORTH	SUB FOR- MMIS SERVICES	PAGE - 2
ENTERED-12/19/01	PRIORITY-	EST-DAYS-000	REQD-
BEGIN-12/19/01 C	OMPLETE-01/21/02 CI	LOSE-	

THE PROVIDER FILE WILL BE CONVERTED USING PROGRAM CONVPRV3.

SCREEN AND DSECT CHANGES WILL BE MADE IN: BWV5011, BWV5012, WL210550, WL210552, AND WL210553. HARD-CODED PROVIDER LAYOUTS WILL BE CHANGED IN BWOP0530, W2200000, AND BWMX2000. PROGRAMS CHANGED WILL BE BWOP0531, BWOP0534, AND BWOP0535. INITIALIZATION IS DONE IN BWOP0504.

HARD-CODED LAYOUTS ALSO NEED MODIFIED IN BWMP8600 AND IN THE NON-ADD SYSTEM SUPPORTED COPY MEMBER H1200000 WHICH IS USED IN PROGRAM BWMP5200.

ALL PROGRAMS USING THE CHANGED RECORD LAYOUTS WILL BE RE-COMPILED.

12/19/01. ADDED - 269.

01/21/02. UPDATED - 521.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICALD MANAGEMENT INFORMATION SYSTEMS

PAGE 7
RUN DATE 06/02/04

CSR LOG

NUMBER - 3939 SUB BY- JOHNA LITTLE SUB FOR- WOLF SCHWARZKPF PAGE- 1

ENTERED-01/09/02 PRIORITY- EST-DAYS-000 REQD
BEGIN-01/09/02 COMPLETE- CLOSE-

DESCRIPTION: NEW INTERNET ECS PROCESS

STATUS: AWAITING DSHS

REQUEST CONTROL NUMBER: 4022

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

MAA IS IMPLEMENTING A NEW METHOD OF RECEIVING CLAIMS THROUGH THE INTERNET (ECS--ELECTRONIC CLAIM SUBMISSION) IN RESPONSE TO THE MAA EXECUTIVE LEADERSHIP MANDATE TO REDUCE THE VOLUME OF PAPER CLAIM RECEIPTS BY AT LEAST 2% BY JULY 1, 2002.

THE SCOPE OF THE PROJECT INCLUDES NEW DAY CLAIMS AND ADJUSTMENTS FOR THE FOLLOWING CLAIM TYPES:

HCFA 1500 (PHYSICIAN-J, MEDICAL VENDOR-P) AND ADA (DENTAL-K)

THE ECS APPLICATION WILL ENABLE MAA TO AUTOMATICALLY ASSIGN ICNS TO PHYSICIAN/MEDVENDOR/DENTAL CLAIMS SUBMITTED VIA ECS. MAA WILL SUBMIT THESE ECS CLAIMS TO ACS IN THE MULTI INSURER SPEC FORMAT. ICNS ASSIGNED WILL BE IN THE T2 RECORD CHARACTER LOCATION 62 THROUGH 80.

MAA WILL SUBMIT A TEST FILE TO ACS BY DECEMBER 20, 2001. WE HOPE TO BE IN PRODUCTION WITH THE ECS SYSTEM BY MID JANUARY 2002.

THIS HAS BEEN DISCUSSED WITH RANDY STAMP.

REQUEST:

- 1. DISCONTINUE AUTOMATICALLY ASSIGNING ICNS TO ECS SUBMITTED CLAIMS.
- 2. ACCEPT THE 17 DIGIT ICN THAT MAA PROVIDES (T2-62 THROUGH 80) IN THE MULTI INSURER SPEC FORMAT.
- 3. MODIFY THE BWME-4000 AND OR 5000 SERIES REPORTS. CONTINUE TO IN-CLUDE REJECT LANGUAGE FOR A DUPLICATE ICN WITHIN A BATCH. HOWEVER, IF ACS FINDS A DUPLICATE ICN CONTAINED WITHIN A BATCH, ONLY THE INDIVIDUAL CLAIM (NOT THE ENTIRE BATCH) WILL BE REJECTED BY ACS.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 8
RUN DATE 06/02/04

CSR LOG

NUMBER - 3939 SUB BY-	JOHNA LITTLE	SUB FOR- WOLF SCHWARZKPF	PAGE – 2
ENTERED-01/09/02	PRIORITY-	EST-DAYS-000	REQD -
BEGIN-01/09/02 COMPLETE	- CLO	SE-	

- 4. THE ICN ASSIGNMENT CONVENTION FOR ECS NEW DAY CLAIMS AND ADJUST-MENTS ARE AS FOLLOWS:
 - A. MEDIA = 3 (ONE DIGIT)
 - B. YEAR (TWO DIGIT)
 - C. JULIAN DATE (THREE DIGITS)
 - D. REEL ROLL NUMBERS (TWO DIGIT) = 70-75 (NSF BATCH UPLOAD), 76-78 (ECS SINGLE CLAIM ENTRY), 79 (ADJUSTMENTS)
 - E. BATCH RANGES (THREE DIGITS) = 000 THROUGH 999
 - F. CLAIM NUMBER (SIX DIGITS) = FIRST TWO ARE CONSTANTS, NEXT FOUR ARE 0000 THROUGH 9999.
- 5. ADJUSTMENTS ARE IDENTIFIED AS FOLLOWS; IF THERE IS A VALID ICN PRESENT IN T2 - 43 THROUGH 59, CREDIT THE CLAIM REFERENCE BY THIS ICN AND PROCESS THE SUBMITTED CLAIM AS A REPLACEMENT CLAIM FOR THE ORIGINAL REFERENCE CLAIM.
- 6. IF CLAIM TYPE VALUE IS 1 OR 2 (BB-12)(PHYSICIAN/MED VENDOR) THEN CHECK D1-34 THROUGH 35 (MOD 1), D1-36 THROUGH 37 (MOD 2), D1-55 THROUGH 56 (MOD 3) AND D1-57 THROUGH 58 (MOD 4). IF MOD 1 IS EMPTY AND THERE IS CONTENT IN ONLY ONE OTHER MOD FIELD MOVE THE CONTENT TO THE MODIFIER FIELD IN MMIS. IF MOD 1 HAS CONTENT AND ANY OTHER MOD FIELD HAS CONTENT AS WELL, SET MODIFIER FIELD IN MMIS TO "99". ALL ELSE TRANSFER MOD 1 CONTENT TO MODIFIER FIELD IN MMIS. DO THIS ONLY FOR THE FIRST CLAIM DETAIL LINE IN THE CLAIM. IF CLAIM TYPE VALUE IS 4 (BB-12)(DENTAL) THEN TRANSFER D1-34 THROUGH 35 TO TOOTH SURFACE 1 FIELD IN MMIS, D1-36 THROUGH 37 TO TOOTH SURFACE 2 FIELD IN MMIS, D1-55 THROUGH 56 TO TOOTH SURFACE 3 FIELD IN MMIS, D1-57 THROUGH 58 TO TOOTH SURFACE 4 IN MMIS. DO THIS FOR EACH CLAIM DETAIL LINE IN THE CLAIM.
- 7. ALL OTHER MODIFICATIONS NEEDED TO ADDRESS TRANSFER OF DATA FROM THE MULTI INSURER SPEC FILE TO THE MMIS COMMENT FIELD OF THE INDIVIDUAL CLAIMS ARE DOCUMENTED ON THE ATTACHED HARDCOPY EXCEL SPREADSHEET. NOTE; ALL OTHER LOGIC REGARDING MULTI INSURER SPEC FORMAT IS TO REMAIN IN PLACE.
- 8. MAA SUBMITTED TEST WILL BE IN MULTI INSURER FORMAT. ACS IS TO RUN TEST DATA AGAINST ADJUDICATION CYCLE AND GENERATED FLASHEETS FOR

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 9 RUN DATE 06/02/04

CSR LOG

			I	ı
NUMBER - 3939	SUB BY- JOHNA LITTLE	SUB FOR- WOLF SCHWARZKPF	PAGE - 3	
			Ì	
ENTERED-01/09/0	<pre>2 PRIORITY-</pre>	EST-DAYS-000	REQD -	
			i	
BEGIN-01/09/02	COMPLETE- CLC	SE-	İ	
			i	
			i	ı
			İ	
EACH	CLAIM FOR MMIS SERVICE	S REVIEW.	i	ı
			ĺ	
9. THIS	CLAIM HAS BEEN DISCUSS	SED WITH DON BOOGERD AND RANDY	STAMP OF	ı
ACS.			İ	ı

ACS.

IF THERE ARE MULTIPLE MODIFIERS IN ONLY ONE DETAIL LINE ON THE CLAIM

MOVE THOSE MODIFIER VALUES INTO THE COMMENT SECTION TO THE ASSIGNED PLACEHOLDERS (SEE BELOW).

IF THERE ARE MULTIPLE MODIFIERS IN MORE THAN ONE DETAIL LINE IN THE CLAIM, DO NOT MOVE ANY MODIFIER VALUES INTO THE COMMENT SECTION BUT

IF THERE ARE MULTIPLE MODIFIERS IN MORE THAN ONE DETAIL LINE IN THE CLAIM, DO NOT MOVE ANY MODIFIER VALUES INTO THE COMMENT SECTION BUT IN PLACE OF THOSE MODIFIERS, TO THE ASSIGNED PLACEHOLDERS, PRESENT THE COMMENT "SEE ECS FOR MULTI MODS" (LINE 3 COMMENT SECTION(1-23))

PLACEMENTS AS SPECIFIED OVERALL:

COMMENTS LINE 1 LEAVE AS IS PER ORIGINAL CSR

COMMENT LINE 2 LEAVE BLANK FROM MMIS LOCATION 66-72 (FOR PHYSICIAN/MED VENDOR CLAIMS ONLY)

COMMENT LINE 3 (FOR PHYSICIAN/MED VENDOR CLAIMS ONLY)

```
MMIS LOCATION 1-3 = "M1-"
MMIS LOCATION 4-5 = MODIFIER 1 VALUE (D1 34-35) MMIS LOCATION 6 = DIVIDER "1"
MMIS LOCATION 7-9 = "M2-"
MMIS LOCATION 10-11 = MODIFIER 2 VALUE (D1 36-37)
MMIS LOCATION 12 = DIVIDER "1"
MMIS LOCATION 13-15 = "M3-"
MMIS LOCATION 16-17 = MODIFIER 3 VALUE (D1 55-56)
MMIS LOCATION 18 = DIVIDER "1"
MMIS LOCATION 19-21 = "M4-"
MMIS LOCATION 22-23 = MODIFIER 4 VALUE (D1 57-58)
MMIS LOCATION 24 = DIVIDER "1"
MMIS LOCATION 25-43 = FACILITY NAME (C6 41-59)
MMIS LOCATION 50 = DIVIDER "1"
MMIS LOCATION 51-67 = MEDICAID RESUBMISSION NO (T1 48-64)
MMIS LOCATION 68 = DIVIDER "1"
MMIS LOCATION 69-72 = SECONDARY INS IND (C5 77-80)
```

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 10 RUN DATE 06/02/04

CSR LOG

NUMBER - 3939 SUB BY-	JOHNA LITTLE	SUB FOR- WOLF SCHWARZKPF	PAGE - 4
ENTERED-01/09/02	PRIORITY-	EST-DAYS-000	REQD -
BEGIN-01/09/02 COMPLET	E- CLC	DSE-	

THIS HAS BEEN DISCUSSED WITH DON BOOGERD.

REPLACEMENT FOR ADDENDUM AS OF 02/15/02 ON CSR #3939

ADDENDUM AS OF:02/21/02

PLEASE REMOVE THE REQUEST FOR THE RECONCILIATION REPORTS FROM THIS CSR EXCEPT FOR BWME5000-R002. WE WILL SUBMIT A SEPARATE CSR IN THE FUTURE FOR THE REPORTING PIECE.

BWME5000-R002 "EMC ERROR REPORT"
PRIOR TO REPORTING ERROR MESSAGES SUCH AS: "PROV. NOT IN SUBMITTER
GROUP, INVALID PROVIDER ID, PROVIDER NOT TIED TO SUBMITTER, ETC."...
PRIMARY CHECK FOR THESE TYPES OF PROVIDER TO SUBMITTER ERRORS SHOULD
BE PAGE 1 OR THE PROVIDER FILE READING THE SUBMITTER NUMBERS FROM THE
"PROV-GROUPS" AND "INTM-PROV" FIELDS.
*NOTE: SUBMITTER NUMBERS ARE IDENTIFIED AS 7 DIGIT NUMBERS THAT BEGIN
WITH AN EIGHT (8______).

PLEASE CHANGE ITEM #6 ON THIS CSR AS FOLLOWS:

IF CLAIM TYPE VALUE IS 1 OR 2 (BB-12)(PHYSICIAN/MED VENDOR) THEN CHECK D1-34 THROUGH 35 (MOD 1), D1-36 THROUGH 37 (MOD 2), D1-55 THROUGH 56 (MOD 3), D1-57 THROUGH 58 (MOD 4). FOR EACH CLAIM DETAIL LINE, IF MOD1 IS EMPTY AND THERE IS CONTENT IN ONLY ONE OTHER MOD FIELD FOR THAT DETAIL LINE MOVE THAT CONTENT TO THE MODIFIER FIELD IN MMIS. FOR EACH CLAIM DETAIL LINE, IF MOD 1 HAS CONTENT AND ANY OTHER MOD FIELD FOR THAT DETAIL LINE HAS CONTENT AS WELL, SET MODIFIER FIELD IN MMIS TO "99".

IF THERE ARE MULTIPLE MODIFIERS IN ONLY ONE DETAIL LINE ON THE CLAIM MOVE THOSE MODIFIER VALUES INTO THE COMMENT SECTION TO THE ASSIGNED PLACEHOLDERS (SEE BELOW).

IF THERE ARE MULTIPLE MODIFIERS IN MORE THAN ONE DETAIL LINE IN THE CLAIM, DO NOT MOVE ANY MODIFIER VALUES INTO THE COMMENT SECTION BUT IN PLACE OF THOSE MODIFIERS, TO THE ASSIGNED PLACEHOLDERS, PRESENT THE COMMENT "SEE ECS FOR MULTI MODS" (LINE 3 COMMENT SECTION (1-23))

EXACT PLACEMENTS OF ELEMENTS FOR THE COMMENT FIELDS ARE SHOWN ON THE

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 11 RUN DATE 06/02/04

CSR LOG

NUMBER - 3939 SUB BY- 3	JOHNA LITTLE	SUB FOR- WOLF SCHWARZKPF	PAGE - 5
ENTERED-01/09/02	PRIORITY-	EST-DAYS-000	REQD -
BEGIN-01/09/02 COMPLETE	- CLO	SE-	

ATTACHED SPREADSHEET.

ALSO NOT THAT THE SOURCE LOCATION FOR THE "PATIENT CONDITION RELATED TO..." FIELD HAS BEEN CHANGED TO CLAIM LEVEL LINE 6, LOCATION 61 THROUGH 64 (C-6 61-64).

PLEASE ADD THE FOLLOWING LOGIC:

MOVE THE DATA FOUND IN CLAIM INDICATOR FIELD IN THE ECS MULTI INSURED SPEC FILE FROM CLAIM LEVEL LINE 5, LOCATION 69 (C-5 69) TO THE ITA INDICATOR FIELD ON THE MMIS SCREEN.

THIS HAS BEEN DISCUSSED WITH DON BOOGERD.

ADDENDUM AS OF FEBRUARY 5, 2004

THIS CSR ADDRESSES THE HANDLING OF MODIFIER VALUES IN ELECTRONIC CLAIMS SENT TO ACS FROM MAA'S ECS WEB PORTAL. SPECIFICALLY, PHYSICIAN CLAIMS (CLAIM TYPE/BILL TYPE 1) AND MEDICAL VENDOR CLAIMS (CLAIM TYPE/BILL TYPE 1) AND MEDICAL VENDOR CLAIMS (CLAIM TYPE/BILL TYPE 2) ONLY AS CONTAINED WITHIN THE ECS OUTPUT FILE SUBMITTED TO ACS IN MULTI INSURER FILE FORMAT SPECIFICATION FOR ECS CLAIMS. SINCE THE HIPAA CHANGES WERE IMPLEMENTED IN MMIS, THE DISPLAY OF FOUR (4) MODIFIER VALUES PER CLAIM DETAIL LINE IS NOW POSSIBLE ON THE MMIS CLAIM SCREEN.

NOTE: THIS IS FOR ECS PHYSICIAN CLAIM TYPES AND ECS MEDICAL VENDOR CLAIM TYPES ONLY! (*NOT TO INCLUDE ECS DENTAL CLAIMS).

MUI	LTI INSU	JRI	ER SPEC LOC	CATION		MMIS	CLAIM	S	CREEN
D1	RECORD	-	CHARACTER	SPACES	(34-35)		MOD	1	SPOT
D1	RECORD	-	CHARACTER	SPACES	(36-37)		MOD	2	SPOT
D1	RECORD	-	CHARACTER	SPACES	(55-56)		MOD	3	SPOT
D1	RECORD	-	CHARACTER	SPACES	(57-58)		MOD	4	SPOT

THIS HAS BEEN DISCUSSED WITH DARIN MORIN.

SYSTEM SPECIFICATIONS:

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 12 RUN DATE 06/02/04

CSR LOG

NUMBER - 3939 SUB BY- JOHNA LITTLE SUB FOR- WOLF SCHWARZKPF PAGE - 6

ENTERED-01/09/02 PRIORITY- EST-DAYS-000 REQD
BEGIN-01/09/02 COMPLETE- CLOSE-

IN ORDER TO COMPLETE THIS CSR THE FOLLOWING WILL NEED TO BE DONE.

1. CHANGES TO COPY MEMBERS:

COPY MEMBER EMCFORMT EXISTING FIELDS WILL BE CHANGED OR MODIFIED TO ACCEPT THE
NEW FIELDS GIVEN ON ECS CLAIMS TO BE TRANSFERRED TO MMIS
CLAIMS

2. CHANGES TO PROGRAMS:

BWME2000 -

CHANGED CODE TO MOVE THE SUBMITTER ID FROM THE AA RECORD TO THE BB RECORD FOR USE IN PROGRAMS BWME4000 AND BWME5000.

BWME3000 -

MADE CHANGES TO WORKING STORAGE TO ACCEPT AND WRITE OUT THE SUBMITTER ID FROM THE BB RECORD.

BWME3500 -

MADE LOGIC CHANGES TO S210 AND S320 TO CHECK FOR AND MOVE THE SUBMITTER ID FROM THE INPUT RECORD TO THE OUTPUT RECORD.

BWME4000 -

MADE LOGIC CHANGES TO CHECK FOR THE ECS SUBMITTER ID OF 8028888 IF FOUND PROCESS THE CLAIM SIMILARLY TO A SCANNER CLAIM WHICH GIVES THE ICN ON THE INPUT RECORD RATHER THEN BUILDING IT IN THIS PROGRAM.

BWME5000 -

MADE MULTIPLE CHANGES TO MOVE FIELDS FROM THE INPUT RECORDS TO THE MMIS CLAIMS COMMENTS SECTION IN ACCORDANCE WITH THE SPECIFICATIONS OF THE CSR.

ADDED A NEW OUTPUT FILE FOR CLAIMS SUBMITTER FOR ADJUSTMENT. THESE CLAIMS WILL BE HANDLED THE SAME WAY AS ALL THE CLAIMS EXCEPT THEY WILL BE WRITTEN TO A SEPARATE FILE TO BE SENT THROUGH BWME5500 WHICH WILL CREATE THE ADJUST-

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 13 RUN DATE 06/02/04

CSR LOG

NUMBER - 3939 SUB BY- JOHNA LITTLE SUB FOR- WOLF SCHWARZKPF PAGE- 7

ENTERED-01/09/02 PRIORITY- EST-DAYS-000 REQD
BEGIN-01/09/02 COMPLETE- CLOSE-

MENT CLAIMS.

ADDED A NEW SECTION TO EDIT THE MEDICAL FIELDS AND MOVE THE MODIFIERS INTO THE COMMENTS SECTION AS NEEDED.

ADDED NEW SECTION S560 TO MOVE THE FIELDS TO THE COMMENT RECORD.

3. CHANGES TO JCL:

WEMC3500 -

CHANGES NEED TO BE MADE TO JS30 TO INCLUDE THE NEW DD C4070SC WHICH IS THE FILE CREATED FROM ADJUSTMENTS IN BWME5000.

4. RECOMPILE THE FOLLOWING PROGRAMS -

BWME2000, BWME3000, BWME3500, BWME4000, BWME5000, BWSC6501, AND BWSC6507.

5. TESTING -

TESTING WILL BE DONE USING THE JCL WEMC1000, WEMC3500, AND THE TEST ADJUDICATION CYCLE.

THE CLAIMS FILE CREATED IN WEMC3500 IN PROGRAM BWME5000 WILL NEED TO BE SORTED AND MARKED WITH A 'D' (SUSPENDED BUT READY)

AND INSERTED INTO BWCA2001, THE FIRST JOB OF THE $\,$ ADJUDICATION PROCESS.

THE REMARKS FILE CREATED IN WEMC3500 PROGRAM BWME5000 NEEDS TO RUN THROUGH MY VERSION OF BWCA2200 WHICH WILL BUT THE REMARKS IN THE FORMAT USED IN THE ADJUDICATION CYCLE IN THE PROGRAM BWMC6500.

ADDENDUM - DATED 02/21/02

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 14
RUN DATE 06/02/04

CSR LOG

NUMBER - 3939 SUB B	Y- JOHNA LITTLE	SUB FOR- WOLF SCHWARZKPF	PAGE - 8
ENTERED-01/09/02	PRIORITY-	EST-DAYS-000	REQD-
BEGIN-01/09/02 COMPL	ETE- CLC	OSE-	

CHANGES ARE REQUESTED TO THE 'EMC ERROR REPORT' TO CHECK THE PROVIDER NUMBERS AGAINST THE PROVIDER GROUP NUMBERS BELONGING TO THE SUBMITTER NUMBER. THIS WILL AVOID CERTAIN ERROR MESSAGES FROM APPEARING ON THE ERROR REPORT INCORRECTLY.

CHANGES TO ITEM #6 ARE REQUESTED SO IF THERE ARE MULTIPLE LINE ITEMS WITH MULTIPLE MODIFIERS THE MESSAGE 'SEE ECS FOR MULTI MODS' WILL BE WRITTEN TO THE COMMENTS SECTION. CHANGES TO THE PLACEMENT OF THE ELEMENTS FOR THE COMMENT FIELDS IS ALSO REQUESTED.

THE SOURCE LOCATION FOR THE 'PATIENT CONDITION RELATED TO... FIELD HAS BEEN CHANGED TO CLAIM LEVEL LINE 6, LOCATION 61-64 FROM C5 65-68.

REQUESTS WAS MADE TO ADD THE ITA INDICATOR TO THE C5 RECORD, LO-CATION 69 AND TO MOVE THIS FIELD TO THE ITA INDICATOR OF THE MMIS CLAIM. (THIS REQUEST WAS DELETED PER ADDENDUM 02/22/02 AND PREVI-OUS CODE

SCREEN.)

IN ORDER TO MAKE THESE CHANGES THE FOLLOWING WILL NEED TO BE DONE.

1. CHANGES TO COPY MEMBERS:

COPY MEMBER EMCFORMT - CHANGES WILL BE MADE PER REQUEST FOR THE PATIENT CONDITION RELATED TO... FIELD AND THE ITA INDICATOR FIELD.

CHANGES WILL BE MADE TO ACCEPT THE ENTIRE INSURED FIRST AND LAST NAME AS A GROUP RATHER THEN INDIVIDUAL PIECES.

2. CHANGES TO PROGRAMS:

BWME5000 -

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 15 RUN DATE 06/02/04

CSR LOG

NUMBER - 3939 SUB BY-	JOHNA LITTLE	SUB FOR- WOLF SC	CHWARZKPF PAGE -	9
ENTERED-01/09/02	PRIORITY-	EST-DAYS-000	REQD	-
BEGIN-01/09/02 COMPLETE	- CLO	SE-		

CHANGES WILL BE MADE IN \$302 TO READ THE EXTENDED PROVIDER FILE IF THE PROVIDER NUMBER IS NOT FOUND IN THE PROVIDER GROUP.

CHANGES WILL BE MADE TO S309B TO CHECK THE MODIFIER FOR MULTIPLE OCCURANCE IN THE LINE ITEM AND MAKE REQUESTED CHANGES TO THE CLAIM.

MADE LOGIC CHANGES TO ACCEPT PATIENT CONDITION FROM C6 INSTEAD OF C5 AND MADE CHANGES TO ACCEPT THE ITA INDICATOR FROM THE C5 RECORD AND MOVE IT TO THE ITA INDICATOR ON THE CLAIM.

3. RECOMPILE THE FOLLOWING PROGRAM -

BWME5000

4. TESTING -

TESTING WILL BE DONE AS NOTED ABOVE.

01/09/02. ADDED - 179.

06/04/02. UPDATED - 177.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 16 RUN DATE 06/02/04

CSR LOG

NUMBER - 4026 SUB BY- JOHNA LITTLE SUB FOR- DIANNE BAUM PAGE- 1

ENTERED-04/05/02 PRIORITY- EST-DAYS-000 REQD
BEGIN-04/05/02 COMPLETE-03/26/04 CLOSE-

DESCRIPTION: NEW MONTHLY PA REPORT

STATUS:

REQUEST CONTROL NUMBER: 4113

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

PLEASE GENERATE A MONTHLY REPORT, RUN AT END OF EACH MONTH FOR TRANS-ACTIONS HAPPENING DURING THE MONTH REPORTED.

THIS REPORT NEEDS TO INCLUDE AUTHORIZATION FILE DATA FOR AUTHORIZATION NUMBERS THAT START WITH:

15, 17, 20, 23, 25, 30, 32, 35, 38, 40 & 47

REPORT ELEMENTS ARE LISTED BELOW:

- * AUTHORIZATION NUMBER
- * APPROVAL INDICATOR (STATUS) = D, M, C OR G
- * RECIPIENT (PIC)
- * PROVIDER NUMBER
- * BEGIN DATE
- * END DATE
- * AUTHORIZATION DETAIL
 - * APPROVAL INDICATOR STATUS FOR LINE LEVEL = D, M, C OR G
 - * PROCEDURE/DIAGNOSIS/DRUG CODE
 - * UNITS
 - * REQUESTED
 - * AUTHORIZED
 - * USED
 - * AMOUNT (\$)
 - * REQUESTED
 - * AUTHORIZED
 - * USED * NOTES

*NOTE - REPORT PATTERNED AFTER THE CURRENT MONTHLY REPORT FOR PURGED PRIOR AUTHORIZATIONS (BWMC2600-R001) WITH THE EXCEPTION OF ADDING THE LINE LEVEL APPROVAL INDICATOR AND UNITS AND AMOUNT REQUESTED FOR LINE ITEMS AND THEN RUN ON A MONTHLY BASIS FOR CURRENT ACTIVITY.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 17 RUN DATE 06/02/04

CSR LOG

NUMBER - 4026 SUB BY-	JOHNA LITTLE	SUB FOR- DIANNE BAUM	PAGE - 2
ENTERED-04/05/02	PRIORITY-	EST-DAYS-000	REQD -
BEGIN-04/05/02 COMPLETE	I-03/26/04 CLO	SE-	

* ONCE MONTHLY REPORT IS CREATED IS IT POSSIBLE TO GET PREVIOUS MONTHS SUCH AS JANUARY 2000 - DECEMBER 2000 OR JANUARY 2001 - JUNE 2001 (WHICH EVER IS EASIER AND POSSIBLE) IN THE SAME KIND OF REPORT.

ADDENDUM AS OF MAY 13, 2002

PLEASE REPRODUCE THE 5/1/02 REPORT BWMA1300-R006 THAT WAS COMPLETED FOR THIS CSR, SORTING BY THE "APPROVAL INDICATOR" AND THEN BY THE "BEGIN" DATE, AND PUT THE DATA ON DISK.

ALSO, PLEASE PRINT A SAMPLE REPORT FOR MAY ONLY. PLEASE SORT THE MAY REPORT AS MENTIONED ABOVE AND PUT THE DATA ON HARD COPY AND DISK.

ADDENDUM AS OF JANUARY 21, 2004 (ALLON PETERMAN)

PLEASE PRODUCE THE REPORT BWMA1300-R006 SHOWING ONLY THE TRANSACTIONS THAT WERE ENTERED THAT MONTH AND PROVIDE THE REPORT ON DISK OR CD.

SYSTEM SPECIFICATIONS:

- O CODING CHANGES TO PROGRAM BWMA1200 ADDING SECTION S300-000-PROCESS-R006. PASSING A NEW REPORT RECORD TO A FILE USED IN BWMA1300 FOR REPORTING.
- O CODING CHANGES TO REPORTING PROGRAM BWMA1300 ADDING NEW SECTIONS S600 AND S615 TO GENERATE REPORT RECORDS.
- O CHANGES TO JCL MEMBERS BWAM1200 AND BWAMSPLT.
- O UPDATE SPLITTER DETAILS IN WASH.PPROD.SPLITTER.RECREATE.DATA.
- O UPDATE DOCUMENTATION IN RUNSHEET RUNPAMN.

ADDENDUM AS OF MAY 13, 2002

O IN PROGRAMS BWMA1200 AND BWMA1300 REARRANGE THE KEY FOR REPORT

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 18
RUN DATE 06/02/04

CSR LOG

NUMBER - 4026 SUB BY-	JOHNA LITTLE	SUB FOR- DIANNE BAUM	PAGE - 3
ENTERED-04/05/02	PRIORITY-	EST-DAYS-000	REQD -
BEGIN-04/05/02 COMPLET	E-03/26/04 CLO	SE-	

6 TO ALLOW THE APPROVAL INDICATOR AND BEGIN DATE TO BE USED AS THE PRIMARY AND SECONDARY SORT KEYS.

ADDENDUM AS JANUARY 21, 2004 (ALLON PETERMAN)

- O CREATE A NEW FILE (C1200SB-RPT-6-DATE-PARM-IN) WHICH WILL HOLD THE CENTURY DATE VALUE FOR THE PREVIOUS RUN DATE OF BWMA1200. (INPUT)
- O CREATE A NEW FILE (C1200SB-RPT-6-DATE-PARM-OUT) WHICH WILL HOLD THE CENTURY DATE VALUE FOR THE NEW RUN DATE OF BWMA1200. (OUTPUT)
- O CREATE THE FILE DEFINITION FOR THE TWO ABOVE CREATED FILES.
- O ADDED TWO NEW HOLD AREAS (WH-000-PREVIOUS-RUN-DATE AND WH-000-NEW-RUN-DATE) WHICH WILL HOLD THE VALUES TO BE READ IN AND WROTE OUT FOR THE ABOVE FILES.
- O ADDED LOGIC TO SECTION ${\tt S020-000-INITIALIZATION}$ TO MOVE THE CONVERTED CURRENT DATE TO HOLD AREA WH-000-NEW-RUN-DATE.
- O ADDED THE OPEN OF THE ABOVE TWO FILES TO SECTION $\$020\mbox{-}000\mbox{-}initialization.$
- O ADDED LOGIC TO READ THE VALUE OF FILE C1200SB-RPT-6-DATE-PARM-IN INTO HOLD AREA WH-000-PREVIOUS-RUN-DATE.
- O ADDED LOGIC TO WRITE THE VALUE OF WH-000-PREVIOUS-RUN-DATE TO FILE C1200SB-RPT-6-DATE-PARM-OUT.
- O ADDED THE CLOSE OF THE ABOVE TWO FILES TO SECTION ${\tt S040-000-END-OF-PROCESS}$.
- O ADDED LOGIC TO SECTION S300-000-PROCESS-R006 TO CHECK IF THE LAST CYCLE DATE OF THE PA RECORD IS GREATER THAN OR EQUAL TO THE VALUE HELD IN WH-000-PREVIOUS-RUN-DATE.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 19 RUN DATE 06/02/04

CSR LOG

NUMBER - 4026 SUB BY-	- JOHNA LITTLE	SUB FOR- DIANNE BA	JM PAGE – 4
ENTERED-04/05/02	PRIORITY-	EST-DAYS-000	REQD-
BEGIN-04/05/02 COMPLET	ΓE-03/26/04 CLOS	E-	
O MODIFIED T ETER FIL	·) TO INCLUDE THE TWO WRITE OUT BWA.P.A130	

- GENERATIONAL DATASET.
- O MODIFIED THE JCL (BWAMSPLT) TO TAKE IN THE (0) GENERATION OF BWA.P.A1300RF.DATA. ALSO, ADDED AN FTP STEP TO NOW GENERATE BWAM1300-R006 ON CD INSTEAD OF ON GREEN BAR. ALSO REMOVED BWA.P.A1300RF.DATA FORM THE DELETE STEP.
- O UPDATE DOCUMENTATION IN RUNSHEET RUNPAMN.

04/05/02. ADDED - 179.

03/05/04. UPDATED - 158.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 2.0 RUN DATE 06/02/04

CSR LOG

NUMBER - 4059 SUB BY- ALLON PETERMAN SUB FOR- MMIS SERVICES PAGE- 1 ENTERED-05/07/02 PRIORITY- EST-DAYS-000 REOD -BEGIN-05/07/02 COMPLETE-CLOSE-______

DESCRIPTION: DATE OF DEATH AUTO ADJUSTMENT

STATUS: AWAITING ANALYSIS

REOUEST CONTROL NUMBER: 4116

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

AN AWR HAS BEEN SUBMITTED TO ACES TO ACCEPT DEATH DATE INFORMATION FROM THE DEPARTMENT OF HEALTH (DOH) ON A QUARTERLY BASIS. THE DOH DEATH DATE WILL BE MORE ACCURATE SINCE THE OFFICIAL DEATH CERTIFICATE IS ON FILE AT DOH. THIS DEATH DATE INFORMATION WILL THEN BE PASSED FROM ACES TO THE MMIS FOR ELIGIBILITY PURPOSES. PROVIDERS SHOULD NOT RECEIVE PAY-MENTS AFTER THE CLIENT'S DEATH DATE. EXCEPTION 253 (RECIPIENT DEATH) POSTS ON CLAIMS WHEN WE HAVE A DEATH DATE ON THE CLIENT IN MMIS AND DATE OF SERVICE ON CLAIM IS AFTER THE DEATH DATE.

WHEN A DEATH DATE COMES INTO THE MMIS PLEASE HAVE THE MMIS AUTOMATICALLY GENERATE A MASS ADJUSTMENT TO RECOUP MONIES ON ANY CLAIM(S) FOR SERVICES THAT WERE PAID AFTER THE DEATH DATE OF A MEDICAID CLIENT. THERE WILL BE EXCEPTIONS AND THEY ARE LISTED BELOW. THIS WILL WORK LIKE THE RETRO-ACTIVE ELIGIBILITY MASS ADJUSTMENTS THAT ARE CURRENTLY GENERATED EXCEPT THEY WILL NOT BE "HISTORY-ONLY"

THE EXCEPTIONS INCLUDE:

- 1. PROVIDER TYPES 26, 85, 38, 39, 59, 61, 62, 84, 78, 79, 82, 97, 98, 99
- 2. DENTAL CODE 0515D

THIS HAS BEEN DISCUSSED WITH RANDY STAMP.

ADDENDUM AS OF AUGUST 8, 2002

PLEASE ADD THE FOLLOWING TO THE LIST OF EXCEPTIONS TO BYPASS CODE 253.

- 3. TPL INSURANCE PREMIUM PAYMENT CODES 0360M AND 0361M.
 4. IF PROVIDER TYPE IS 90 (MANAGED HEALTHCARE).

SYSTEM SPECIFICATIONS:

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 21 RUN DATE 06/02/04

CSR LOG

NUMBER - 4059 SUB BY-	- ALLON PETERMAN	N SUB FOR- MMIS SERVICES	PAGE - 2
	PRIORITY-	EST-DAYS-000	REQD-
BEGIN-05/07/02 COMPLE		DSE-	
05/07/02. ADDE	D - 179.		

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 22 RUN DATE 06/02/04

CSR LOG

NUMBER - 4105 SUB BY- ALLON PETERMAN SUB FOR- MMIS SERVICES PAGE- 1

ENTERED-06/19/02 PRIORITY- EST-DAYS-000 REQD
BEGIN-06/19/02 COMPLETE-10/13/03 CLOSE-

DESCRIPTION: ADD FIELDS TO ACES UPDATE REPT

STATUS:

REQUEST CONTROL NUMBER: 4195

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

PRESENTLY ON THE DATA ACES PASSES TO THE MMIS THERE IS A "RACE" FIELD AND A "SPNSH-HSPNC-ORGN" FIELD. CURRENTLY THE MMIS ONLY USES THE "RACE" FIELD. ACES ALSO PASSES AN "PREG-DUE-DT" WHICH IS PLACED IN THE "EDD" FIELD (ESTIMATED DUE DATE) ON PAGE ONE OF THE RECIPIENT ELIGIBILITY FILE IN THE MMIS.

PLEASE ADD THE "SPNSH-HSPNC-ORGN" FIELD AND THE "EDD" FIELD TO THE ELIGIBILITY UPDATE ERROR TRANSACTION DETAIL REPORT # BWMR2100-R004.

ALSO, WHEN THE "SPNSH-HSPNC-ORGN" FIELD HAS A CODE 709, 722, 727 OR 799 PLEASE UPDATE THE "RACE" CODE FIELD ON PAGE 1 OF THE RECIPIENT ELIGIBILITY FILE IN THE MMIS BY MAKING THE "RACE" CODE "5" AND PLUGGING THE "ETHN" FIELD WITH THE "SPNSH-HSPNC-ORGN" CODE THAT WAS PASSED FROM ACES (SEE ATTACHED).

SYSTEM SPECIFICATIONS:

IN ORDER TO COMPLETE THIS CSR THE FOLLOWING WILL NEED TO BE DONE.

MAKE CHANGES TO THE REPORT BWMR2100-R004 IN THE PROGRAM BWMR2100 TO ADD THE NEW REQUESTED FIELDS.

ADD CODE TO BWMR2100 TO CHECK THE SPNSH-HSPNC-ORGN FIELD FOR A 709,722, 727, OR 799 AND IF FOUND ASSIGN A '5' TO THE RACE CODE AND PLUG RACE CODE 3 FIELD WITH THE PASSED SPNSH-HSPNC-ORGN CODE.

RECOMPILE BWMR2100.

UPDATE THE REPORT DOCUMENTATION R21R004E AND R21R004S.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 23 RUN DATE 06/02/04

CSR LOG

NUMBER - 4105 SUB BY- ALLON PETERMAN SUB FOR- MMIS SERVICES	PAGE - 2
ENTERED-06/19/02 PRIORITY- EST-DAYS-000	REQD-
BEGIN-06/19/02 COMPLETE-10/13/03 CLOSE-	
06/19/02. ADDED - 179.	
10/15/03. UPDATED - 177.	
	I

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 24 RUN DATE 06/02/04

CSR LOG

NUMBER - 4106 SUB BY- PATTY ORTH SUB FOR- CONNIE RIDDLE PAGE - 1

ENTERED-06/19/02 PRIORITY- EST-DAYS-000 REQD
BEGIN-06/19/02 COMPLETE-06/28/02 CLOSE-

DESCRIPTION: REBATE FILES FOR OFR

STATUS:

REQUEST CONTROL NUMBER: 4196

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

THE OFFICE OF FINANCIAL RECOVERY IS INVOLVED WITH THE PAYMENT REVIEW PROGRAM PROCESS OF INVOICING J-CODE CLAIMS. IN ORDER TO SUPPLY THEM WITH TIMELY INFORMATION, PLEASE SEND TWO COPIES OF THE "LABELER.DAT" AND THE "REBATE.DAT" FILES AS SOON AS IT IS DOWNLOADED FROM THE CMS TAPE EACH QUARTER. DELIVER TO BIN 22, ATTENTION: CONNIE RIDDLE.

THIS HAS BEEN DISCUSSED WITH RANDY STAMP AND DARIN MORIN.

SYSTEM SPECIFICATIONS:

TO COMPLETE THIS CSR THE FOLLOWING NEEDS TO BE DONE.

- 1. MODIFY JCL (BWMQ0100 AND BWMQL500) TO ZIP THE FILES AND FTP THEM TO THE SERVER.
- 2. UPDATE RUNSHEET (RUNREBP) TO SHOW THAT THE FILES HAVE BEEN SENT TO THE SERVER AND NEED TO GO TO DISK.

06/19/02. ADDED - 179.

06/25/02. UPDATED - 516.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 25 RUN DATE 06/02/04

CSR LOG

NUMBER - 4139 SUB BY- JULIE HEATH SUB FOR- PATSY INGLE PAGE- 1

ENTERED-07/16/02 PRIORITY-2 EST-DAYS-000 REQD
BEGIN-07/16/02 COMPLETE- CLOSE-

DESCRIPTION: NEW DENTAL CONTRA-INDIC EXCEP

STATUS: IN PROCESS

REQUEST CONTROL NUMBER: 4229

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

IN ORDER TO STOP OVERPAYMENTS TO PROVIDERS BILLING INAPPROPRIATE MULTIPLE SURFACES FOR SAME TOOTH, PLEASE POST A NEW EXCEPTION WHEN THE FOLLOWING CRITERIA IS MET:

K (DENTAL) AND

ANY COMBINATION OF THE FOLLOWING RESTORATION CODES:

02110 D2110	02332 D2332
02120 D2120	02335 D2335
02130 D2130	02380 D2380
02140 D2140	02381 D2381
02150 D2150	02382 D2382
02160 D2160	02385 D2385
02161 D2161	02386 D2386
02330 D2330	02387 D2387
02331 D2331	

SAME OR DIFFERENT PROVIDER,

SAME OR DIFFERENT CLAIM,

SAME OR DIFFERENT SAME TOOTH NUMBER,

AND ANY ONE OF THE TOOTH SURFACES IS

DUPLICATED, UNLESS THE DUPLICATED SURFACE IS

B, F OR L ON ANY TOOTH NUMBER, OR IF DUPLICATED SURFACE IS "O" AND TOOTH NUMBER

IS 2, 3, 14, OR 15.

ADDENDUM AS OF NOVEMBER 8, 2002

...AND TOOTH NUMBER IS 2, 3, 14, OR 15, 1, 16, 21 OR 28.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 26 RUN DATE 06/02/04

CSR LOG

NUMBER - 4139	SUB BY- JULIE HEATH	SUB FOR- PATSY INGLE	PAGE - 2
ENTERED-07/16/02	PRIORITY-2	EST-DAYS-000	REQD-
BEGIN-07/16/02	COMPLETE- CI	LOSE-	
PLEASE A	DD NEW TOOTH #S AS BO	OLDED ABOVE.	
ADDENDUM	AS OF APRIL 8, 2004		
ADD CDT4	PROCEDURE CODES		

D2391 D2392 D2393 D2394

ADD CLARIFICATION THAT THIS SHOULD BE FOR SAME DATE OF SERVICE (SEE BELOW);

SAME OR DIFFERENT PROVIDER,
SAME IR DIFFERENT CLAIM,
SAME TOOTH NUMBER,
SAME DATE OF SERVICE,
AND ANY ONE OF THE TOOTH SURFACES IS DUPLICATED,
UNLESS THE DUPLICATED SURFACE IS B,F OR L ON ANY
TOOTH NUMBER, OR IF DUPLICATED SURFACE IS "O" AND
TOOTH NUMBER IS 2,3,14,15,1,16,21 OR 28.

SYSTEM SPECIFICATIONS:

07/16/02. ADDED - 179.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 27 RUN DATE 06/02/04

CSR LOG

NUMBER - 4161 SUB BY- JOHNA LITTLE SUB FOR- MMIS SERVICES PAGE - 1

ENTERED-08/06/02 PRIORITY- EST-DAYS-000 REQD
BEGIN-08/06/02 COMPLETE-12/19/03 CLOSE-

DESCRIPTION: NEW MONTHLY DENIED DOLLARS RPT

STATUS:

REQUEST CONTROL NUMBER: 4245

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

PLEASE CREATE A NEW MONTHLY HARD COPY REPORT THAT SHOWS DOLLARS DENIED (HEADER LEVEL IF ENTIRE CLAIM DENIED AND DETAIL LINE IF CLAIM PAID BUT DETAIL LINES DENIED) ON CLAIMS WITH EXCEPTION CODES 000 THROUGH 999. SORT THIS REPORT BY CLAIM TYPE AND THEN EXCEPTION CODE. IF MULTIPLE EXCEPTION CODES ARE DENIED ON THE CLAIM USE THE FIRST EXCEPTION CODE THAT IS POSTED TO THE HEADER LEVEL OR DETAIL LINE. WE NEED A TOTAL FOR EACH CLAIM TYPE AND A GRAND TOTAL FOR THE ENTIRE REPORT.

DELIVER THIS MONTHLY REPORT TO BIN 12.

THIS HAS BEEN DISCUSSED WITH DON BOOGERD.

SYSTEM SPECIFICATIONS:

TO COMPLETE THIS CSR THE FOLLOWING NEEDS TO BE DONE.

- 1. MODIFY PROGRAM BWMC8525 TO CREATE A NEW EXTRACT OF DENIED DOL-LARS BY EXCEPTION.
- 2. SORT THE NEW EXTRACT BY CLAIM TYPE THEN EXCEPTION AND TOTAL THE DOLLARS.
- 3. CREATE A NEW PROGRAM BWMC8530 TO CREATE THE REPORT.
- 4. MODIFY JCL BWCHHSTO TO INCLUDE THE NEW EXTRACT, SORT STEP, AND PROGRAM.

08/06/02. ADDED - 179.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 28 RUN DATE 06/02/04

CSR LOG

NUMBER - 4161 SUB BY- JOHNA LITTLE	SUB FOR- MMIS SERVICES	PAGE - 2
ENTERED-08/06/02 PRIORITY-	EST-DAYS-000	REQD-
BEGIN-08/06/02 COMPLETE-12/19/03 CLOSI	3−	
12/04/03. UPDATED - 516.		
		'
		1
		I

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 29 RUN DATE 06/02/04

CSR LOG

NUMBER - 4166 SUB BY- JULIE HEATH SUB FOR- MMIS SERVICES PAGE- 1

ENTERED-08/07/02 PRIORITY- EST-DAYS-000 REQD-09/01/02

BEGIN-08/07/02 COMPLETE-11/22/02 CLOSE-

DESCRIPTION: CHANGES TO EXCEPTION 357

STATUS:

REQUEST CONTROL NUMBER: 4255

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

PLEASE CHANGE EXCEPTION 357 (INVALID TOOTH SURFACE) EFFECTIVE FOR DATES OF SERVICE 9-1-02 AND AFTER, TO NOT ALLOW TOOTH SURFACE "A" AS A VALID TOOTH SURFACE VALUE.

ADENDUM AS OF AUGUST 7, 2002

PLEASE CHANGE EXCPETION 357 EFFECTIVE FOR DATES OF SERVICE 10/1/02 AND AFTER, TO NOT ALLOW TOOTH SURFACE 'A' AS A VALID TOOTH SURFACE NUMBER.

ADDENDUM AS OF NOVEMBER 4, 2002.

PLEASE CHANGE EFFECTIVE DATE TO 11-01-02.

SYSTEM SPECIFICATIONS:

THIS IS IN RESPONSE TO CSR 4166 WHICH REQUESTS A CHANGE TO THE CRITERIA FOR POSTING EXCEPTION 357. THE NEW CRITERIA FOR POSTING EXCEPTION 357 IS:

O IF THE FIRST DATE OF SERVICE IS ON OR AFTER 10/01/02 AND, TOOTH SURFACE IS EQUAL TO A THEN POST EXCEPTION 357.

TO COMPLETE THIS CSR THE FOLLOWING NEEDS TO BE DONE.

1. BWWC3550; ADDED 05 LEVEL WK-000-SEP-30-2002 CONTAINING THE VALUE 14153 AND WK-005-TOOTH-SURFACE-A CONTAINING THE VALUE A.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 30 RUN DATE 06/02/04

CSR LOG

NUMBER - 4166 SUB BY-	JULIE HEATH	SUB FOR- MMIS SERVICES	PAGE – 2
ENTERED-08/07/02	PRIORITY-	EST-DAYS-000	REQD-09/01/02
BEGIN-08/07/02 COMPLET	E-11/22/02 CLO	SE-	

- 2. BWPC3550; ADDED CODE IN SECTION S810F-TOOTH-SURFACE TO CHECK FOR DATES OF SERVICE 10/01/02 AND AFTER AND FOR TOOTH SURFACE OF A.
- 3. RECOMPILE BWSC3550 AND BWOC0086.

ADDENDUM AS OF NOVEMBER 4, 2002:

TO COMPLETE THIS CSR THE FOLLOWING NEEDS TO BE DONE.

- 1. BWWC3550; ADDED 05 LEVEL WK-000-OCT-31-2002 CONTAINING THE VALUE 14185.
- 2. BWPC3550; ADDED CODE IN SECTION S810F-TOOTH-SURFACE TO CHECK FOR DATES OF SERVICE 11/01/02 AND AFTER.
- 3. RECOMPILE BWSC3550 AND BWOC0086.

08/07/02. ADDED - 179.

11/15/02. UPDATED - 551.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 31 RUN DATE 06/02/04

CSR LOG

NUMBER - 4171 SUB BY- PATTY ORTH SUB FOR- CONNIE RIDDLE PAGE- 1

ENTERED-08/13/02 PRIORITY- EST-DAYS-000 REQD
BEGIN-08/13/02 COMPLETE-11/22/02 CLOSE-

DESCRIPTION: MERGE HCPCS INTO DRUG REBATE

STATUS:

REQUEST CONTROL NUMBER: 4262

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

OFR WILL BE SUMITTING REBATE DATA FOR HCPC CODES IN CMS FORMAT. PLEASE CREATE A PROCESS TO MERGE THAT DATA WITH THE UTILIZATION DATA SUBMITTED TO CMS.

THIS NEEDS TO BE IN PLACE FOR THE 3Q02 INVOICING PROCESS.

THIS HAS BEEN DISCUSSED WITH RANDY STAMP.

SYSTEM SPECIFICATIONS:

TO COMPLETE THIS CSR THE FOLLOWING NEEDS TO BE DONE.

- MODIFY BWMQ4000 TO TAKE IN THE NEW FILE AND CREATE A TABLE OF THE DATA. SPIN THROUGH THE TABLE PRIOR TO WRITING A UTILIZA-TION RECORD AND MERGE THE TABLE DATA IF IT MATCHES THE UTILI-ZATION RECORD.
- 2. MODIFY JCL BWMQ4000 TO TAKE IN THE NEW OFR FILE INTO ${\tt BWMQ4000}$.

08/13/02. ADDED - 179.

11/14/02. UPDATED - 516.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 32 RUN DATE 06/02/04

CSR LOG

NUMBER - 4218 SUB BY- SANDY ASBACH SUB FOR- MMIS SERVICES PAGE- 1 ENTERED-10/14/02 PRIORITY- EST-DAYS-000 REOD -BEGIN-10/14/02 COMPLETE-11/21/03 CLOSE-DESCRIPTION: CHANGES TO EXCEPTION 261 STATUS: REOUEST CONTROL NUMBER: 4323 DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO PLEASE BYPASS EXCEPTION 261 (ELIGIBILITY FOR MEDICARE PART B) WHEN THE FOLLOWING IS TRUE AND CREATE A SECTION B TO ADD TO THE NEW BYPASS SECTION AT THE END OF THE EXCEPTION CODE CROSS REFERENCE FOR EXCEPTION CODE 261. A. AS IS OR B. PROCEDURE CODES ARE: 1. (92506-92508) AND PROVIDER TYPE IS (37). 2. (92002-92287, 99201-99274, 99281-99285, 99301-99350) AND DIAG-NOSIS IS (367-368.9, 378.1, V53.1, V72.0). $3. \quad (53601 - 53602 \,, \,\, 58600 \,, \,\, 58605 \,, \,\, 58611 \,, \,\, 58615 \,, \,\, 58670 - 58671 \,, \,\, 54690 \,,$ 55250, 55450, 56318, 00851, 00869, 5911M, 5912M) AND DIAGNOSIS IS (V25.2 OR V61.5). 4. (J3420) AND DIAGNOSIS IS (123.4, 218.0, 281.2, 281.3, 281.9, 284-284.9). 5. (J1055) OR (90872) IF ON THE SAME CLAIM AS (J1055). 6. (59812-59866, 5915M, 01964) AND DIAGNOSIS IS 635-639.9 OR V61.7) AND MODIFIER (G7) DOES NOT APPEAR ON THE CLAIM. 7. (38230, 38231, 38241) AND DIAGNOSIS IS (140.0-199.1, 203.0, 204.00, 205.00, 205.10, 205.11, 206.00, 207.00, 208.00, 238.6). 8. (38240) AND DIAGNOSIS IS (203.0, 238.6). 9. (J1190 AND J9000) IF BILLED ON SAME AND DIAGNOSIS IS (425.0-425.9, 428.0) 10. (48160, 48554) AND DIAGNOSIS IS OTHER THAN (250.0-250.93, V42.0,

11. (84703) AND DIAGNOSIS IS OTHER THAN (164.2-164.3, 181, 183-183.0, 156-186.9, 186-186.9, 187.8-187.9, 198.82, 611.1, 626-626.0, 633

634.91, V01-V10.43, V71.1)
THIS HAS BEEN DISCUSSED WITH RANDY STAMP.

V43.89 OR 585)

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 33 RUN DATE 06/02/04

CSR LOG

NUMBER - 4218 SU	B BY- SANDY ASBACH	SUB FOR- MMIS SERVICES	PAGE - 2
ENTERED-10/14/02	PRIORITY-	EST-DAYS-000	REQD -
BEGIN-10/14/02 CO	MPLETE-11/21/03 CLO	SE-	

SYSTEM SPECIFICATIONS:

TO COMPLETE THIS CSR THE FOLLOWING NEEDS TO BE DONE.

- 1. BWWC3550; ADDED NUMEROUS 88 LEVELS TO ACCOMODATE THE MANY CHECKS NECESSARY PER THIS CSR.
- 2. $\mbox{BWPC3550}\mbox{;}$ \mbox{ADDED} $\mbox{LOGIC IN SECTION S300 AND S306 AND ADDED NEW SECTIONS S308 AND S309.}$
- 3. BWWC3530; ADDED NUMEROUS 88 LEVELS TO ACCOMODATE THE MANY CHECKS NECESSARY PER THIS CSR.
- 4. BWPC3530; ADDED LOGIC IN SECTION S480 AND ADDED NEW SECTIONS S483, S484, S484A AND S484B.
- 5. RECOMPILE BWSC3550, BWOC0086, BWSC3530 AND BWOC0087.

10/14/02. ADDED - 269.

10/27/03. UPDATED - 551.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 34 RUN DATE 06/02/04

CSR LOG

NUMBER - 4254 SUB BY- CATHIE OTT SUB FOR- SHELLEY MCDERMO PAGE- 1

ENTERED-11/25/02 PRIORITY- EST-DAYS-000 REQD
BEGIN-11/25/02 COMPLETE- CLOSE-

DESCRIPTION: CHANGES TO EXCEPTION 013

STATUS: AWAITING ANALYSIS

REQUEST CONTROL NUMBER: 4366

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

DO NOT FAIL EXCEPTION 013 WHEN ALLOWED SOURCE CODE "C" IS PRESENT ON CLAIM TYPE J.

THIS HAS BEEN DISCUSSED WITH DON BOOGERD.

ADDENDUM AS OF JANUARY 31, 2003

PLEASE CHANGE THE ABOVE REQUEST TO THE FOLLOWING:

BYPASS EXCEPTION 013 (AUTO/NON AUTO LAB TEST PRICING) ON THE DETAIL LINE FOR CLAIM TYPES J, M, OR L, WHEN THE ALLOWED SOURCE CODE 'C' LAS BEEN ASSIGNED TO THE PROCEDURE CODE. THIS REQUEST PERTAINS TO HARDCOPY CLAIMS, MEDIA '0' ONLY. ALL PRICING LOGIC FOR ALL PROCEDURES PERTAINING TO EXCEPTION CODE 013 STILL APPLIES.

THIS HAS BEEN DISCUSSED WITH DON BOOGERD.

ADDENDUM AS OF MARCH 18, 2003

PLEASE ADD L (EPSDT) CLAIM TYPE TO INTERNAL LAB PRICING CRITERIA, PER CSR #2868, ALL MEDIAS. CLAIM TYPE J (PHYSICIANS) AND M (OUTPATIENT) STILL APPLY. ALL CRITERIA IN CSR'S SUCCEEDING #2868 SHOULD APPLY.

ALSO, PLEASE ALLOW THE SYSTEM TO LOOK AT ALLOWED SOURCE CODE "C" ON CLAIMS IN HISTORY FOR CLAIM TYPES J, M, AND L FOR MEDIA "0" ONLY, WHEN BYPASSING EXCEPTION CODE 013 (AUTO/NON AUTO LAB TEST PRICING). THIS IS IN ADDITION TO THE REQUEST ON CSR #4254/RCN 4254, ADDENDUM AS OF JANUARY 31, 2003.

THIS HAS BEEN DISCUSSED WITH RANDY STAMP.

SYSTEM SPECIFICATIONS:

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 35 RUN DATE 06/02/04

CSR LOG

NUMBER - 4254 SUB BY- CATHIE OTT		PAGE - 2
	EST-DAYS-000	REQD-
	OSE-	
11/25/02. ADDED - 179.		

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 36 RUN DATE 06/02/04

CSR LOG

NUMBER - 4270 SUB BY-	CHRISTINE CHUML	SUB FOR- MMIS SE	RVICES PAGE-	1
ENTERED-12/10/02	PRIORITY-	EST-DAYS-000	REQD	-
BEGIN-12/10/02 COMPLET	E- CLOS	E-		

DESCRIPTION: CHANGES TO EXCEPTION 491

STATUS: AWAITING DSHS

REQUEST CONTROL NUMBER: 4269

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

PLEASE CHANGE THE CRITERIA OF EXCEPTION CODE 491 (UNABLE TO PRICE HMO CLAIM) FOR DATES OF SERVICE FEBRUARY 1, 2002 AND AFTER TO NOT POST IF THE PROCEDURE CODE IS 0366M (FQHC/RHC DELIVERY CASE ENHANCEMENT) OR 0368M (FQHC/RHC BHP MATERNITY "S" SUPPLEMENTAL ENHANCEMENT). WHEN PRICING THESE CLAIMS DO NOT MATCH THE BILLING PROVIDER NUMBER ON THE CLAIM TO THE MANAGED HEALTHCARE PCOP SCREEN (PAGE 6 OF THE RECIPIENT ELIGIBILITY FILE) IN MMIS. ALL OF THE OTHER STEPS FOR PRICING NEED TO REMAIN THE SAME SUCH AS:

- 1. CHECK PCOP SCREEN TO MAKE SURE CLIENT IS ENROLLED IN MANAGED HEALTHCARE PLAN (PT 90) FOR THE DATE OF SERVICE ON THE CLAIM.
- CHECK PAGE 5 OF THE PROVIDER MASTER FILE FOR THE FQHC/RHC LISTED ON THE CLAIM TO MAKE SURE THEY ARE CONTRACTED WITH THE MANAGED HEALTH-CARE PLAN THE CLIENT IS ENROLLED WITH FOR THE DATE OF SERVICE ON THE CLAIM.
- 3. OBTAIN THE RATE FROM THE PCOP RATE SCREEN (08 SCREEN) IN MMIS FOR THE CORRESPONDING FQHC/RHC PROVIDER NUMBER ON THE CLAIM TO PRICE THE CLAIM AT THE CORRECT RATE.

THIS HAS BEEN DISCUSSED WITH RANDY STAMP.

SYSTEM SPECIFICATIONS:

12/10/02. ADDED - 179.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 37
RUN DATE 06/02/04

CSR LOG

NUMBER - 4295 SUB BY- 0	CATHIE OTT	SUB FOR- AUDREY FINNIGAN	PAGE - 1
ENTERED-01/03/03	PRIORITY-2	EST-DAYS-000	REQD -
BEGIN-01/03/03 COMPLETE-	- CLC)SE-	

DESCRIPTION: CHANGES TO EXCEPTION 255

STATUS: AWAITING DSHS

REQUEST CONTROL NUMBER: 4408

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

PLEASE CHANGE THE CRITERIA OF EXCEPTION CODE 255 (NOT ELIGIBLE FOR MEDICARE) TO ONLY POST ON CLAIM TYPES "O" (MEDICARE PART B CROSSOVERS),
"V" (OUTPATIENT HOSPITAL CROSSOVERS) AND "W" (INPATIENT HOSPITAL CROSSOVERS) IF THE CLIENT (REGARDLESS OF AGE) HAS A MEDICAL ELIGIBILITY CODE
OF "O" ON THE RECIPIENT ELIGIBILITY FILE (SCREEN 09) IN MMIS FOR THE
DATES OF SERVICE ON THE CROSSOVER CLAIM. WE WILL CONTINUE TO KEEP THE
EXCEPTION CONTROL FILE SET TO PAY ("5" IN THE "DISPOSITION" FIELD) FOR
EXCEPTION CODE 255 BUT WE WANT TO HAVE A "RECIPIENT PRINT-OUT" SCREEN
(LIKE THE DATA IN "WASHOUT.RECIP.PRINT.DATA") GENERATED FOR EACH
CLIENT'S CROSSOVER CLAIM THAT IS POSTING EXCEPTION CODE 255 ON CLAIM
TYPES "O", "V" AND "W". PLEASE NAME THIS DATA EXTRACT,
"WASHOUT.EXCEP255.DATA" SO WE CAN CLEARLY IDENTIFY THE REASON WE ARE
GETTING IT. WE NEED A HARDCOPY OF THE "WASHOUT.EXCEP255.DATA" SENT TO
BIN 14 AS WELL AS AN ELECTRONIC VERSION E-MAILED TO E-BIN 34 (AUDREY
FINNIGAN IN COB).

THIS WILL HELP US TO QUICKLY IDENTIFY CLIENTS IN MMIS THAT DON'T HAVE MEDICARE INDICATORS ON THEM BUT MEDICARE IS MAKING PAYMENT FOR THESE CLIENTS. WE CAN THEN TAKE IMMEDIATE ACTION TO RESEARCH AND CORRECT THE MEDICARE INDICATOR IN MMIS WHEN APPROPRIATE.

ADDENDUM AS OF JANUARY 13, 2003 -

PLEASE E-MAIL TO E-BIN 62 (JEAN DU IN DMM) THE CLIENT'S ORGINAL PIC CLIENT ID NUMBER, SSN, AND THE TOTAL NUMBER OF UNDUPLICATED CLIENTS THAT ARE INCLUDED IN THE MONTHLY 'WASHOUT.EXCEP255.DATA' REPORT.

SYSTEM SPECIFICATIONS:

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 38
RUN DATE 06/02/04

CSR LOG

NUMBER - 4295 SUB BY- CATHIE OTT		PAGE - 2
ENTERED-01/03/03 PRIORITY	-2 EST-DAYS-000	REQD-
BEGIN-01/03/03 COMPLETE-	CLOSE-	
01/03/03. ADDED - 179.		

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 39 RUN DATE 06/02/04

CSR LOG

NUMBER - 4304 SUB BY- TRINA HOGAN SUB FOR- MMIS SERVICES PAGE- 1

ENTERED-01/21/03 PRIORITY-1 EST-DAYS-000 REQD
BEGIN-01/21/03 COMPLETE- CLOSE-

DESCRIPTION: CCI INITIATIVE - SURG VS SURG

STATUS: TESTING

REQUEST CONTROL NUMBER: 4295

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

TITLE: SURGERY VS SURGERY MOD INDICATOR 0 COL 1 VS COL 2 CODE

(WILL MATCH THE FLOPPY DISK TITLE FOR THE CODE PAIRS TO BE
CODED INTO THIS AUDIT)

PLEASE CREATE A NEW HISTORY AUDIT PER THE FOLLOWING CRITERIA FOR CLAIM TYPE J FOR ALL PROVIDER TYPES FOR THE CODE PAIRS LISTED ON THE ATTACHED FLOPPY DISK:

FOR DATE OF SERVICE 01/01/02 AND AFTER:

SAME RECIPIENT ID

AND

SAME DATE OF SERVICE

AND

SAME "BILLING PROVIDER NUMBER" WITH "PROVIDER TYPE" 20 AND "PROVIDER SPECIALTY" 70 WITH SAME "PERFORMING PROVIDER NUMBER" OR DIFFERENT "PERFORMING PROVIDER NUMBERS" WITH SAME "PERFORMING PROVIDER SPECIALTY" (PER THE PROVIDER MASTER FILE) VERSUS SAME "BILLING PROVIDER NUMBER" WITH "PROVIDER TYPE" 20 AND "PROVIDER SPECIALTY" 70 WITH SAME "PERFORMING PROVIDER NUMBER" OR DIFFERENT "PERFORMING PROVIDER NUMBERS" WITH SAME "PERFORMING PROVIDER SPECIALTY" (PER THE PROVIDER MASTER FILE). CONSIDER DUMMY PROVIDER NUMBER 8999500 AS THE SAME FOR PERFORMING PROVIDER VERSUS ANY PERFORMING PROVIDER NUMBER.

OR

SAME "BILLING PROVIDER NUMBER" ALL PROVIDER TYPES EXCEPT PROVIDER TYPE 20 WITH BILLING PROVIDER SPECIALTY 70 VERSUS SAME "BILLING PROVIDER NUMBER" ALL PROVIDER TYPES EXCEPT BILLING PROVIDER TYPE 20 WITH BILLING PROVIDER SPECIALTY 70

AND

COLUMN 1 CODE CLAIM IS IN PROCESS AND COLUMN 2 CODE IS IN PROCESS OR PAID IN RELATED HISTORY, DO THE FOLLOWING:

* POST THE NEW EXCEPTION (WHICH MMIS WILL SET TO PAY AND

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE RUN DATE 06/02/04

CSR LOG

NUMBER - 4304 SUB BY- 1	TRINA HOGAN	SUB FOR- MMIS SERVICES	PAGE - 2
ENTERED-01/21/03	PRIORITY-1	EST-DAYS-000	REQD -
BEGIN-01/21/03 COMPLETE	- CLC	 SE-	

REPORT STATUS WITH HISTORY LISTED) TO DETAIL LINE OF THE CLAIM FOR THE COLUMN 1 CODE IN PROCESS AND COLUMN 2 CODE IS IN PROCESS IN RELATED HISTORY.

- * POST NEW EXCEPTION (WHICH MMIS WILL SET TO PAY AND REPORT STATUS WITH HISTORY LISTED) ON DETAIL LINE OF CLAIM FOR COLUMN 1 CODE IN PROCESS THEN:
 - * PHASE I GENERATE A REPORT LISTING PAID HISTORY FOR THE COLUMN 2 CODE, PRINTING THE FOLLOWING CRITERIA:

ICN, RECIPIENT ID, LINE NUMBER, DATE OF SERVICE, PLACE OF SERVICE, TYPE OF SERVICE, PROCEDURE CODE, CHARGE, UNITS, ALLOWED AND LMC.

ICN PIC

LINE FR-DTE TO-DTE POS TOS PROC MOD DIAG CHARGE UNT ALLOWED S LMC 1 01288 21 303 008300 CJ 040727 RUSSE A 01 010702 010702 3 3 99203 V2

V25.2 120.00 001 50.41 C X (OR BLANK)

THIS REPORT WILL BE ROUTED TO CLAIMS PROCESSING FOR REVIEW AND ADJUSTMENT TO THE APPROPRIATE CLAIMS.

> * PHASE II - GENERATE A SYSTEM ADJUSTMENT FOR THE DETAIL LINE OF RELATED HISTORY CLAIM FOR THE COLUMN 2 CODE. THIS SYSTEM ADJUSTMENT SHOULD BE COMPILED FOR THIS NEW AUDIT AND COMPLETED FOR EACH SYSTEM CYCLE.

SEE ATTACHED FLOPPY DISK FOR COLUMN 1 CODES AND COLUMN 2 CODES.

ADDENDUM AS OF JUNE 16, 2003

REWRITE OF ORIGINAL CRITERIA AND ADDITIONAL CRITERIA. SEE BOLDED WORDING FOR CHANGES.

TITLE: SURGERY VS SURGERY MOD IDENTIFIER 0 COL 1 CODE VS COL 2 CODE (WILL MATCH THE FLOPPY DISK TITLE FOR THE CODE PAIRS TO BE CODED INTO THIS AUDIT)

PLEASE CREATE A NEW HISTORY AUDIT PER THE FOLLOWING CRITERIA FOR CLAIM TYPE J FOR ALL PROVIDER TYPES FOR THE CODE PAIRS LISTED ON THE

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 41 RUN DATE 06/02/04

CSR LOG

NUMBER - 4304 SUB BY- 1	TRINA HOGAN	SUB FOR- MMIS SERVICES	PAGE - 3
ENTERED-01/21/03	PRIORITY-1	EST-DAYS-000	REQD -
BEGIN-01/21/03 COMPLETE-	- CLO	SE-	

ATTACHED FLOPPY DISK:

FOR DATE OF SERVICE 01/01/02 AND AFTER:

SAME RECIPIENT ID

AND

SAME DATE OF SERVICE

AND

"BILLING PROVIDER TYPE" 20 AND "BILLING PROVIDER SPECIALTY"
70 WITH SAME "PERFORMING PROVIDER NUMER" OR DIFFERENT "PERFORMING PROVIDER SPECIALTY" (PER THE PROVIDER MASTER FILE)
VERSUS "BILLING PROVIDER TYPE" 20 AND "BILLING PROVIDER
SPECIALTY" 70 WITH SAME "PERFORMING PROVIDER NUMBER" OR DIFFERENT "PERFORMING PROVIDER NUMBERS" WITH SAME "PERFORMING
PROVIDER SPECIALTY" (PER THE PROVIDER MASTER FILE). CONSIDER
DUMMY PROVIDER NUMBER 8999500 AS SAME SPECIALTY FOR PERFORMING PROVIDER VERSUS ANY PERFORMING PROVIDER NUMBER INCLUDING
8999500.

OF

SAME "BILLING PROVIDER SPECIALTY" ALL PROVIDER TYPES EXCEPT PROVIDER TYPE 20 WITH BILLING PROVIDER SPECIALTY 70 VERSUS SAME "BILLING PROVIDER SPECIALTY" ALL PROVIDER TYPES EXCEPT BILLING PROVIDER TYPE 20 WITH BILLING PROVIDER SPECIALTY 70, AND

COLUMN 1 CODE CLAIM IS IN PROCESS AND COLUMN 2 CODE IS IN PROCESS OR PAID IN RELATED HISTORY, DO THE FOLLOWING:

* POST THE NEW EXCEPTION (WHICH MMIS WILL SET TO PAY

- * POST THE NEW EXCEPTION (WHICH MMIS WILL SET TO PAY AND REPORT STATUS WITH HISTORY LISTED) TO DETAIL LINE OF CLAIM FOR THE COLUMN 1 CODE IN PROCESS AND COLUMN 2 CODE IS IN PROCESS IN RELATED HISTORY.
 - * POST NEW EXCEPTION (WHICH MMIS WILL SET TO PAY AND REPORT STATUS WITH HISTORY LISTED) ON DETAIL LINE OF CLAIM FOR COLUMN 1 CODES IN PROCESS THEN:
 - > PHASE I-GENERATE A REPORT LISTING PAID HISTORY FOR FOR THE COLUMN 2 CODE, PRINTING THE FOLLOWING CRITE-RIA:

ICN, RECIPIENT ID, LINE NUMBER, DATE OF SERVICE, PLACE OF SERVICE, TYPE OF SERVICE, PROCEDURE CODE, CHARGE, UNITS, ALLOWED AND LMC.

ICN OIC

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 42
RUN DATE 06/02/04

CSR LOG

NUMBER - 4304 SUB BY- TRINA HOGAN SUB FOR- MMIS SERVICES PAGE - 4

ENTERED-01/21/03 PRIORITY-1 EST-DAYS-000 REQD
BEGIN-01/21/03 COMPLETE- CLOSE-

LINE FR-DTE TO-DTE POS TOS PROC MOD DIAG CHARGE UNT ALLOWED S LMC 1 01288 21 303 008300 CJ 040727 RUSSE A 01 010702 010702 3 3 99203 V25.2 120.00 001 50.41 C X(OR BLANK)

THIS REPORT WILL BE ROUTED TO CLAIMS PROCESSING FOR REVIEW AND ADJUSTMENT TO THE APPROPRIATE CLAIMS.

> PHASE II-GENERATE A SYSTEM ADJUSTMENT FOR THE DETAIL LINE OF RELATED HISTORY CLAIM FOR THE COLUMN 2 CODE. THIS SYSTEM ADJUSTMENT SHOULD BE COMPILED FOR THIS NEW AUDIT AND COMPLETED FOR EACH SYSTEM ADJUDICA-TION CYCLE.

EXCEPTION FOR BYPASS:

IF COLUMN 2 CODE IS 69990 AND ANY OF THE FOLLOWING PROCEDURE CODES 61304-61711, 62010-62100, 63081-63308, 63704-63710 OR 64831-64907 HAVE BEEN BILLED ON THE CLAIM IN PROCESS HISTORY CLAIM FOR THE SAME DATE OF SERVICE, BY THE SAME PROVIDER NUMBER OR PERFORMING PROVIDER NUMBER BYPASS THIS AUDIT.

ADDENDUM AS OF SEPTEMBER 19, 2003

PLEASE ADDRESS ALL OF THE BOLDED CRITERIA BELOW FOR CHANGES.

PLEASE CREATE A NEW HISTORY AUDIT PER THE FOLLOWING CRITERIA FOR CLAIM TYPE J FOR ALL PROVIDER TYPES FOR THE CODE PAIRS LISTED ON THE ATTACHED FLOPPY DISK. CODE PAIRS WILL BE UPDATED QUARTERLY AND WILL BE DATE SENSITIVE:

FOR DATE OF SERVICE 01/01/02 AND AFTER:

SAME RECIPIENT ID

AND

SAME DATE OF SERVICE

AND

(SAME PHYSICIAN):

CURRENT "BILLING PROVIDER NUMBER" (ALL PROVIDER TYPES EXCEPT "PROVIDER TYPE 20 WITH SPECIALTY 70") SAME AS HISTORY "BILLING PROVIDER NUMBER" (ALL PROVIDER TYPES EXCEPT "PROVIDER TYPE 20 WITH SPECIALTY

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 43 RUN DATE 06/02/04

CSR LOG

NUMBER - 4304 SUB BY- TRINA HOGAN SUB FOR- MMIS SERVICES PAGE - 5

ENTERED-01/21/03 PRIORITY-1 EST-DAYS-000 REQD
BEGIN-01/21/03 COMPLETE- CLOSE-

70").

OR

CURRENT "BILLING PROVIDER NUMBER (PROVIDER TYPE 20 WITH SPECIALTY 20 WITH SPECIALTY 70)" AND "PERFORMING PROVIDER NUMBER" IS SAME AS HISTORY "BILLING PROVIDER NUMBER (PROVIDER TYPE 20 WITH SPECIALTY 70" AND PERFORMING PROVIDER NUMBER.

CONSIDER DUMMY PERFORMING PROVIDER NUMBER 8999500 AS SAME PERFORMING PROVIDER NUMBER VERSUS ANY PERFORMING PROVIDER NUMBER FOR THIS SECTION ONLY.

OR

CURRENT "BILLING PROVIDER NUMBER (PROVIDER TYPE 20 WITH SPECIALTY 70)" AND PERFORMING PROVIDER NUMBER" SAME AS HISTORY "BILLING PROVIDER NUMBER".

OR

CURRENT "BILLING PROVIDER NUMBER" IS SAME AS HISTORY "PERFORMING PROVIDER NUMBER".

AND

COLUMN 1 CODE CLAIM IS IN PROCESS AND COLUMN 2 CODE IS IN PROCESS OR PAID IN RELATED HISTORY, DO THE FOLLOWING:

- * POST THE NEW EXCEPTION (WHICH MMIS WILL SET TO PAY AND REPORT STATUS WITH HISTORY LISTED) TO DETAIL LINE OF CLAIM FOR THE COLUMN 1 CODE IN PROCESS AND COLUMN 2 CODE IS IN PROCESS IN RELATED HISTORY.
- * POST NEW EXCEPTION (WHICH MMIS WILL SET TO PAY AND REPORT STATUS WITH HISTORY LISTED) ON DETAIL LINE OF CLAIM FOR COLUMN 1 CODE IN PROCESS THEN:
 - > PHASE I-GENERATE A REPORT LISTING THE CURRENT CLAIM DATA FOR COLUMN 1 CODE AND PAID HISTORY FOR THE COLUMN 2 CODE, PRINTING THE FOLLOWING CRITERIA:

ICN, RECIPIENT ID, PROVIDER NUMBER, PERFORMING PROVIDER NUMBER, LINE NUMBER, DATE OF SERVICE, PLACE OF SERVICE, TYPE OF SERVICE, PROCEDURE CODE, CHARGE, UNITS, ALLOWED AND AUTH ("X" IF PA # PRESENT AT HEADER OR PR AUTH1 # OR PR AUTH2 # PRESENT ON LINE OR BLANK IF ANY OF THE FIELDS LISTED HAVE ONLY ZEROS FOR DATA) SPACING THREE LINES BETWEEN EACH SET OF DATA.

CURRENT ICN(COLUMN 1 CODE) PIC PROV PP
LINE FR-DTE TO-DTE POS TS PROC/MOD DIAG1 DIAG2 CHARGE UNIT

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE RUN DATE 06/02/04

CSR LOG

NUMBER - 4304 SUB BY- TRINA HOGAN SUB FOR- MMIS SERVICES PAGE- 6 ENTERED-01/21/03 PRIORITY-1 EST-DAYS-000 REOD -BEGIN-01/21/03 COMPLETE-CLOSE-

ALLOWED S AUTH 0 03221 01 001 008300 CJ040727 RUSSE A

7102106 1001437 01 010703 010703 11 3 11055 789.0 120.00 00001 21.84 C X

HISTORY ICN (COLUMN CODE) PIC PROV PP LINE FR-DTE TO-DTE POS TS PROC/MOD DIAG1 DIAG2 CHARGE UNIT ALLOWED S AUTH 1 03213 01 303 008300 CJ040727 RUSSE A

7102106 1001437 03 010703 010703 11 3 11040 789.0 120.00 00001 24.12 C 1 3205 01 015 008100 CJ 040727 RUSSE A 1001437 01 010703 010703 11 3 11041 789.0 135.00 00001 27.75 C

CURRENT ICN(COLUMN 1 CODE) PIC PROV PP LINE FR-DTE TO-DTE POS TS PROC/MOD DIAG1 DIAG2 CHARGE UNIT ALLOWED S AUTH 3 03221 01 005 008300 TK 073156 HOGAN A 100437

01 010503 010503 11 3 11055 59 789.0 120.00 00001 50.41 C

HISTORY ICN(COLUMN 2 CODE) PIC PROV PP LINE FR-DTE TO-DTE POS TS PROC/MOD DIAG1 DIAG2 CHARGE UNIT ALLOWED S AUTH 3 03213 01 007 008300 TK 073156 HOGAN A

03 010503 010503 11 3 11040 789.0 120.00 00001 24.12 C 2 03211 01 003 002100 TK 073156 HOGAN A 1001437 05 010503 010503 11 3 11041 789.0 135.00 00001 27.75 C

THIS REPORT WILL BE ROUTED TO CLAIMS PROCESSING FOR REVIEW AND ADJUSTMENT TO THE APPROPRIATE CLAIMS.

> > PHASE II-GENERATE A SYSTEM ADJUSTMENT FOR THE DETAIL LINE OF RELATED HISTORY CLAIM FOR THE COLUMN 2 CODE. THIS SYSTEM ADJUSTMENT SHOULD BE COMPILED FOR THIS NEW AUDIT AND COM-PLETED FOR EACH SYSTEM ADJUDICATION CYCLE.

EXCEPTION FOR BYPASS:

IF COLUMN 2 CODE IS 69990 AND ANY OF THE FOLLOWING PROCEDURE

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 45 RUN DATE 06/02/04

CSR LOG

NUMBER - 4304 SUB BY- TRINA HOGAN SUB FOR- MMIS SERVICES PAGE- 7
ENTERED-01/21/03 PRIORITY-1 EST-DAYS-000 REQD-
BEGIN-01/21/03 COMPLETE- CLOSE-
CODES 61304-61711, 62010-62100, 63081-63308, 63704-63710 OR 64831-64907 HAVE BEEN BILLED ON THE CLAIM IN PROCESS OR HISTORY CLAIM FOR THE SAME DATE OF SERVICE, BY THE SAME PROVIDER NUMBER OR PERFORMING PROVIDER NUMBER BYPASS THIS AUDIT.
01/21/03. ADDED - 179.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 46
RUN DATE 06/02/04

CSR LOG

NUMBER - 4305 SUB BY- TRINA HOGAN SUB FOR- MMIS SERVICES PAGE- 1

ENTERED-01/21/03 PRIORITY-1 EST-DAYS-000 REQD
BEGIN-01/21/03 COMPLETE- CLOSE-

DESCRIPTION: CCI INITIATIVE - SURG VS SURG 2

STATUS: TESTING

REQUEST CONTROL NUMBER: 4296

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

TITLE: SURGERY VS SURGERY MOD IND 0 COL 2 CODE - COL 1 CODE
(WILL MATCH THE FLOPPY DISK TITLE FOR THE CODE PAIRS TO BE
CODED INTO THIS AUDIT)

PLEASE CREATE A NEW HISTORY AUDIT PER THE FOLLOWING CRITERIA FOR CLAIM TYPE J FOR ALL PROVIDER TYPES FOR THE CODE PAIRS LISTED ON THE ATTACHED FLOPPY DISK:

FOR DATE OF SERVICE 01/01/02 AND AFTER:

SAME RECIPIENT ID

AND SAME DATE OF SERVICE

AND

SAME "BILLING PROVIDER NUMBER" WITH "PROVIDER TYPE" 20 AND "PROVIDER SPECIALTY" 70 WITH SAME "PERFORMING PROVIDER NUMBER" OR DIFFERENT "PERFORMING PROVIDER NUMBERS" WITH SAME "PERFORMING PROVIDER SPECIALTY" (PER THE PROVIDER MASTER FILE) VERSUS SAME "BILLING PROVIDER NUMBER" WITH "PROVIDER TYPE" 20 AND "PROVIDER SPECIALTY" 70 WITH SAME "PERFORMING PROVIDER NUMBER" OR DIFFERENT "PERFORMING PROVIDER NUMBERS" WITH SAME "PERFORMING PROVIDER SPECIALTY" (PER THE PROVIDER MASTER FILE). CONSIDER DUMMY PROVIDER NUMBER 8999500 AS THE SAME FOR PERFORMING PROVIDER VERSUS ANY PERFORMING PROVIDER NUMBER.

OR

SAME "BILLING PROVIDER NUMBER" ALL PROVIDER TYPES EXCEPT PROVIDER TYPE 20 WITH BILLING PROVIDER SPECIALTY 70 VERSUS SAME "BILLING PROVIDER NUMBER" ALL PROVIDER TYPES EXCEPT BILLING PROVIDER TYPE 20 WITH BILLING PROVIDER SPECIALTY 70

AND

POST NEW EXCEPTION (WHICH MMIS WILL SET TO AUTO DENY STATUS) ON DETAIL LINE OF CLAIM FOR THE COLUMN 2 CODE IN PROCESS AND COLUMN 1 CODE IS IN PROCESS OR IS PAID IN RELATED HISTORY.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 47
RUN DATE 06/02/04

CSR LOG

NUMBER - 4305 SUB BY-	TRINA HOGAN	SUB FOR- MMIS SERVICES	PAGE – 2
ENTERED-01/21/03	PRIORITY-1	EST-DAYS-000	REQD -
BEGIN-01/21/03 COMPLET	E- CLO	OSE-	

SEE ATTACHED FLOPPY DISK FOR COLUMN 2 CODES AND COLUMN 1 CODES.

TITLE: SURGERY VS SURGERY MOD IND 0 COL 2 CODE - COL 1 CODE
(WILL MATCH THE FLOPPY DISK TITLE FOR THE CODE PAIRS TO BE
CODED INTO THIS AUDIT)

PLEASE CREATE A NEW HISTORY AUDIT PER THE FOLLOWING CRITERIA FOR CLAIM TYPE J FOR ALL PROVIDER TYPES FOR THE CODE PAIRS LISTED ON THE ATTACH-ED FLOPPY DISK:

FOR DATE OF SERVICE 01/01/02 AND AFTER:

SAME RECIPIENT ID

AND

SAME DATE OF SERVICE

AND

SAME "BILLING PROVIDER NUMBER" WITH "PROVIDER TYPE" 20 AND "PROVIDER SPECIALTY" 70 WITH SAME "PERFORMING PROVIDER NUMBER" OR DIFFERENT "PERFORMING PROVIDER NUMBERS" WITH SAME "PERFORMING PROVIDER SPECIALTY" (PER THE PROVIDER MASTER FILE) VERSUS SAME "BILLING PROVIDER NUMBER" WITH "PROVIDER TYPE" 20 AND "PROVIDER SPECIALTY" 70 WITH SAME "PERFORMING PROVIDER NUMBER" OR DIFFERENT "PERFORMING PROVIDER NUMBERS" WITH SAME "PERFORMING PROVIDER SPECIALTY" (PER THE PROVIDER MASTER FILE). CONSIDER DUMMY PROVIDER NUMBER 8999500 AS THE SAME FOR PERFORMING PROVIDER VERSUS ANY PERFORMING PROVIDER NUMBER.

OR

SAME "BILLING PROVIDER SPECIALTY" ALL PROVIDER TYPES EXCEPT PROVIDER TYPE 20 WITH BILLING PROVIDER SPECIALTY 70 VERSUS SAME "BILLING PROVIDER SPECIALTY" ALL PROVIDER TYPES EXCEPT BILLING PROVIDER TYPE 20 WITH BILLING PROVIDER SPECIALTY 70

AND

POST NEW EXCEPTION (WHICH MMIS WILL SET TO AUTO DENY STATUS) ON DETAIL LINE OF CLAIM FOR THE COLUMN 2 CODE IN PROCESS AND COLUMN 1 CODE IS IN PROCESS OR IS PAID IN RELATED HISTORY.

ADDENDUM AS OF JANUARY 31, 2003

PLEASE ADD THE FOLLOWING ADDITIONAL CRITERIA TO THIS NEW AUDIT CRITERIA DIRECTLY AFTER THE LAST PARAGRAPH SHOWN ABOVE.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 48
RUN DATE 06/02/04

CSR LOG

NUMBER - 4305 SUB BY- TRINA HOGAN SUB FOR- MMIS SERVICES PAGE - 3

ENTERED-01/21/03 PRIORITY-1 EST-DAYS-000 REQD
BEGIN-01/21/03 COMPLETE- CLOSE-

EXCEPTION FOR BYPASS:

IF COLUMN 2 CODE IS 69990 AND ANY OF THE FOLLOWING PROCEDURE CODES 61304-61711, 62010-62100, 63081-63308, 63704-63710 OR 64831-64907 HAVE BEEN BILLED ON THE CLAIM IN PROCESS OR HISTORY CLAIM FOR THE SAME DATE OF SERVICE, BY THE SAME PROVIDER OR PERFORMING PROVIDER, BYPASS THIS AUDIT.

ALL PREVIOUS POLICY APPLIES.

ADDENDUM AS OF JUNE 16, 2003 REWRITE OF ORIGINAL CRITERIA AND JANUARY 31, 2003 ADDENDUM CRITERIA. SEE BOLDED WORDING FOR CHANGES.

TITLE: SURGERY VS SURGERY MOD IND 0 COL 2 CODE - COL 1 CODE
(WILL MATCH THE FLOPPY DISK TITLE FOR THE CODE PAIRS TO BE
CODED INTO THIS AUDIT)

PLEASE CREATE A NEW HISTORY AUDIT PER THE FOLLOWING CRITERIA FOR CLAIM TYPE J FOR ALL PROVIDER TYPES FOR THE CODE PAIRS LISTED ON THE ATTACHED FLOPPY DISK:

FOR DATE OF SERVICE 01/01/02 AND AFTER:

SAME RECIPIENT ID

AND

SAME DATE OF SERVICE

AND

"PROVIDER TYPE" 20 AND "PROVIDER SPECIALTY" 70 WITH SAME
"PERFORMING PROVIDER NUMBER" OR DIFFERENT "PERFORMING PROVIDER
NUMBERS" WITH SAME "PERFORMING PROVIDER SPECIALTY" (PER THE
PROVIDER MASTER FILE) VERSUS "PROVIDER TYPE" 20 AND "PROVIDER
SPECIALTY" 70 WITH SAME "PERFORMING PROVIDER NUMBER" OR DIFFERENT
"PERFORMING PROVIDER NUMBERS" WITH SAME "PERFORMING PROVIDER
SPECIALTY" (PER THE PROVIDER MASTER FILE). CONSIDER DUMMY PROVIDER NUMBER 8999500 AS THE SAME FOR PERFORMING PROVIDER VERSUS
ANY PERFORMING PROVIDER NUMBER.

OR

SAME "BILLING PROVIDER SPECIALTY" ALL PROVIDER TYPES EXCEPT PROVIDER TYPE 20 WITH BILLING PROVIDER SPECIALTY 70 VERSUS SAME "BILLING PROVIDER SPECIALTY" ALL PROVIDER TYPES EXCEPT BILLING PROVIDER TYPE

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 49 RUN DATE 06/02/04

CSR LOG

NUMBER - 4305 SUB BY- TRINA HOGAN SUB FOR- MMIS SERVICES PAGE - 4

ENTERED-01/21/03 PRIORITY-1 EST-DAYS-000 REQD
BEGIN-01/21/03 COMPLETE- CLOSE-

20 WITH BILLING PROVIDER SPECIALTY 70 AND

POST NEW EXCEPTION (WHICH MMIS WILL SET TO AUTO DENY STATUS)
ON DETAIL LINE OF CLAIM FOR THE COLUMN 2 CODE IN PROCESS AND
COLUMN 1 CODE IS IN PROCESS OR IS PAID IN RELATED HISTORY.

ADDENDUM AS OF NOVEMBER 25, 2003

PLEASE ADDRESS THE BOLDED CRITERIA FOR CHANGES.

TITLE: SURGERY VS SURGERY MOD IND 0 COL 2 CODE - COL 1 CODE

(WILL MATCH THE FLOPPY DISK TITLE FOR THE CODE PAIRS TO BE
CODED INTO THIS AUDIT)

PLEASE CREATE A NEW HISTORY AUDIT PER THE FOLLOWING CRITERIA FOR CLAIM TYPE J FOR ALL PROVIDER TYPES FOR THE CODE PAIRS LISTED ON THE ATTACHED FLOPPY DISK. CODE PAIRS WILL BE UPDATED QUARTERLY AND WILL BE DATE SENSITIVE:

FOR DATE OF SERVICE 01/01/02 AND AFTER:

SAME RECIPIENT ID

AND

SAME DATE OF SERVICE

AND

(SAME PHYSICIAN):

CURRENT "BILLING PROVIDER NUMBER" (ALL PROVIDER TYPES EXCEPT "PROVIDER TYPE 20 WITH SPECIALTY 70") SAME AS HISTORY "BILLING PROVIDER NUMBER" (ALL PROVIDER TYPES EXCEPT "PROVIDER TYPE 20 WITH SPECIALTY 70").

OR

CURRENT "BILLING PROVIDER NUMBER (PROVIDER TYPE 20 WITH SPEC-IALTY 70)" AND "PERFORMING PROVIDER NUMBER" IS SAME AS HISTORY "BILLING PROVIDER NUMBER (PROVIDER TYPE 20 WITH SPECIALTY 70" AND PERFORMING PROVIDER NUMBER.

CONSIDER DUMMY PERFORMING PROVIDER NUMBER 8999500 AS SAME PERFORMING PROVIDER NUMBER VERSUS ANY PERFORMING PROVIDER NUMBER FOR THIS SECTION ONLY.

CURRENT "BILLING PROVIDER NUMBER (PROVIDER TYPE 20 WITH SPECIALTY 70)" AND PERFORMING PROVIDER NUMBER" SAME AS HISTORY "BILLING PROVIDER NUMBER".

OR

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 50 RUN DATE 06/02/04

CSR LOG

NUMBER - 4305 SUB BY- 1	TRINA HOGAN	SUB FOR- MMIS SERVICES	PAGE - 5
ENTERED-01/21/03	PRIORITY-1	EST-DAYS-000	REQD-
BEGIN-01/21/03 COMPLETE	- CL	OSE-	

CURRENT "BILLING PROVIDER NUMBER" IS SAME AS HISTORY "PERFORMING PROVIDER NUMBER".

AND

POST NEW EXCEPTION (WHICH MMIS WILL SET TO SUSPEND) ON DETAIL LINE OF CLAIM FOR THE COLUMN 2 CODE IN PROCESS AND COLUMN 1CODE IS IN PROCESS OR IS PAID IN RELATED HISTORY.

EXCEPTION FOR BYPASS:

IF COLUMN 2 CODE IS 69990 AND ANY OF THE FOLLOWING PROCEDURE CODES 61304-61711, 62010-62100, 63081-63308, 63704-63710 OR 64831-64907 HAVE BEEN BILLED ON THE CLAIM IN PROCESS OR HISTORY CLAIM FOR THE SAME DATE OF SERVICE, BY THE SAME PROVIDER OR PERFORMING PROVIDER, BYPASS THIS AUDIT.

THIS HAS BEEN DISCUSSED WITH RANDY STAMP.

SYSTEM SPECIFICATIONS:

01/21/03. ADDED - 179.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 51 RUN DATE 06/02/04

CSR LOG

NUMBER - 4316 SUB BY-	CATHIE OTT	SUB FOR- ROBYN PARISH	PAGE - 1
ENTERED-01/30/03	PRIORITY-	EST-DAYS-000	REQD -
BEGIN-01/30/03 COMPLETE	E- CLO	OSE-	

DESCRIPTION: CHANGES TO PROVIDER LABELS

STATUS: ANALYSIS IN PROCESS

REOUEST CONTROL NUMBER: 4424

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

PLEASE MAKE THE FOLLOWING CHANGES TO THE "SPECIAL REQUEST FOR PROVIDER ADDESS LABELS BY PROVIDER TYPE AND/OR PROVIDER COUNTY CODE. (REFER TO ATTACHED COPY.)

- REMOVE THE "200 OR MORE" COUNT REQUIREMENTS CRITERIA FOR LABELS
 WHICH AUTOMATICALLY GENERATES GUMMED LABELS IF THE COUNT IS UNDER
 200. THIS IS NO LONGER NEEDED.
 CHANGE THE WORD "TAPE" TYPE OF LABELS TO "EBIN" ON BOTH THE HARD
- 2. CHANGE THE WORD "TAPE" TYPE OF LABELS TO "EBIN" ON BOTH THE HARD COPY AND THE 14 SCREEN IN MMIS (MISCELLANEOUS TRANSACTION MENU. #6. PROVIDER REPORT/LABEL REQUEST).
- 3. ON THE HARD COPY REQUEST FORM AND ON THE 14 SCREEN IN MMIS (MISCEL-LANEOUS TRANSACTION MENU) PLEASE ADD 8 CHARACTERS FOR THE FILE NAME WHICH WILL BE PRINTED ON THE GREENBAR REPORT WHEN LABELS ARE GENERATED AS WELL AS BEING CARRIED IN THE FILE NAME THAT IS ELECTRONICALLY SENT TO OUR E-BIN. THIS WILL HELP US IN IDENTIFYING WHO REQUESTED IT AND WHAT IT IS.

THIS HAS BEEN DISCUSSED WITH DON BOOGERD.

SYSTEM SPECIFICATIONS:

01/30/03. ADDED - 179.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 52 RUN DATE 06/02/04

CSR LOG

NUMBER - 4342 SUB BY- CATHIE OTT SUB FOR- DEBBIE KINGERY PAGE - 1

ENTERED-03/14/03 PRIORITY- EST-DAYS-000 REQD
BEGIN-03/14/03 COMPLETE- CLOSE-

DESCRIPTION: MHD MONTHLY DATA EXTRACT

STATUS: AWAITING DSHS

REQUEST CONTROL NUMBER: 4454

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

MENTAL HEALTH DIVISION (MHD) RECEIVES A MONTHLY DATA EXTRACT FROM ACS. MHD USES THIS DATA TO CHARGE EXPENDITURES TO THE 14 RSN'S THROUGHOUT THE STATE. OVER THE LAST SEVERAL YEARS WHAT IS REPORTED TO PROGRAM 030 (MHD) HAS CHANGED BUT THE MONTHLY EXTRACT TAPE HAS NOT BEEN UPDATED.

PLEASE UPDATE THIS DATA EXTRACT TO MATCH THE MMIS ACCOUNT CODE LOGIC TO SHOW CLAIMS THAT ARE ACTUALLY CHARGED TO MHD (PROGRAM ACCOUNT CODE 030). THIS WOULD NOT BE CHANGING THE CURRENT FORMAT, JUST THE REPORTED DATA.

THIS TAPE MUST BE UPDATED AS ACCOUNT CODE LOGIC IS ALTERED.

PLEASE CREATE A TEST TAPE TO ALLOW US TO VERIFY IN OUR SYSTEM PRIOR TO MAKING THIS LIVE.

THIS HAS BEEN DISCUSSED WITH RANDY STAMP.

SYSTEM SPECIFICATIONS:

TO COMPLETE THIS CSR THE FOLLOWING NEEDS TO BE DONE.

- MAKE CHANGES TO PROGRAM BWDUREDB TO ONLY EXTRACT CLAIMS THAT FIT THE CRITERIA FOR PROGRAM 030 (MHD) FROM THE ACCOUNT CODE MANUAL.
- ADD CHECK TO PROGRAM BWMM9250 TO CHECK FOR PROGRAM INDEX BE-GINNING WITH 'C', WHICH IS ASSIGNED FOR PROGRAM 030 (MHD) CLAIMS.
- 3. THIS CRITERIA MUST BE CHANGED EACH TIME A CHANGE IS MADE TO

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 53 RUN DATE 06/02/04

CSR LOG

NUMBER - 4342 SUB BY- CATHIE OTT SUB FOR- DEBBIE KINGERY	PAGE -	2
ENTERED-03/14/03 PRIORITY- EST-DAYS-000	REQD-	
BEGIN-03/14/03 COMPLETE- CLOSE-		
THE ACCOUNT CODE MANUAL AND PROGRAM.		
RECOMPILE BWDUREDB AND BWMM9250.		
03/14/03. ADDED - 179.		
03/31/04. UPDATED - 177.		

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 54 RUN DATE 06/02/04

CSR LOG

NUMBER - 4349 SUB BY- CATHIE OTT SUB FOR- MICHELLE SENN PAGE - 1

ENTERED-03/14/03 PRIORITY- EST-DAYS-000 REQD
BEGIN-03/14/03 COMPLETE- CLOSE-

DESCRIPTION: NEW MTHLY SSI EXEMPT CLAIM FILE

STATUS: IN PROCESS

REQUEST CONTROL NUMBER: 4461

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

PLEASE BEGIN PRODUCING A MONTHLY TEXT FILE OF CLAIMS THAT HAVE BEEN SUBMITTED, PAID OR DENIED FOR CLIENTS WHO HAVE AN SSI EXEMPT SEGMENT ON PAGE 6 OF THE RECIPIENT ELIGIBILITY FILE.

IF A CLIENT HAS A PCOP SEGMENT WITH A PCOP TYPE OF "X" AND A PCOP INFO CODE OF "DX", "ZI" OR "ZX" AND HAS HAD A CLAIM SUBMITTED DURING THE TIME PERIOD COVERED IN THE EXEMPTION SEGMENT PLEASE REPORT THE FOLLOWING INFORMATION:

CLIENT NAME
PIC
ICN
PROVIDER NUMBER
PROVIDER TYPE
PROVIDER SPECIALTY
DIAGNOSIS
BILLED AMOUNT
PAID AMOUNT
CLAIM COMMENTS
EOB'S

THIS TEXT FILE CAN BE SCHEDULED TO RUN AT THE BEGINNING OF THE MONTH FOR THE PREVIOUS MONTHS ACTIVITY. PLEASE DELIVER THIS FILE TO BIN 41.

THIS HAS NOT BEEN DISCUSSED WITH ACS.

SYSTEM SPECIFICATIONS:

IN ORDER TO IMPLEMENT THIS CSR, THE FOLLOWING WILL NEED TO BE

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 55 RUN DATE 06/02/04

CSR LOG

NUMBER - 4349 SUB BY-	CATHIE OTT	SUB FOR- MICHELLE SENN	PAGE - 2
ENTERED-03/14/03	PRIORITY-	EST-DAYS-000	REQD -
BEGIN-03/14/03 COMPLETE	- CLC)SE-	

DONE:

- 1. CREATE A NEW PROGRAM THAT WILL SEQUENTIALLY READ IN THE RECIPIENT BACKUP AND TABLE UP ALL PICS FOR CLIENTS THAT HAVE AN ACTIVE EXEMPTION SEGMENT.
- 2. READ THE C8500SM FILE AND CREATE AN EXTRACT OF ALL CLAIMS THAT HAVE A PCOP TYPE 'X' WITH A PCOP INFO IND OF 'DX', 'ZI', OR 'ZX' SUBMITTED DURING THE TIME PERIOD COVERED BY THE EXEMPTION SEGMENT.
- 3. ADD THE NEW PROGRAM TO JCL BWCHHSTP.

03/14/03. ADDED - 179.

03/04/04. UPDATED - 516.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 56 RUN DATE 06/02/04

CSR LOG

NUMBER - 4356 SUB BY- SANDY ASBACH SUB FOR- NORMA LEAVITT PAGE- 1

ENTERED-03/26/03 PRIORITY- EST-DAYS-000 REQD
BEGIN-03/26/03 COMPLETE-04/02/04 CLOSE-

DESCRIPTION: CHANGES TO EXCEP 262 AND 263

STATUS:

REQUEST CONTROL NUMBER: 4467

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

IN 1998 THE ATTACHED COPY OF CSR #2730 WAS SUBMITTED TO BYPASS TPL EXCEPTION CODES 262 (TPL SUSPECT) AND 263 (TPL COVERAGE) FOR PROVIDER TYPE "58" (SCHOOL DISTRICT), WHEN THE CLIENT HAD A TPL SEGMENT WITH CHAMPUS CARRIER CODES (CH01, CH10, AND H101).

PLEASE UPDATE THE SYSTEM TO ADD AN ADDITIONAL CHAMPUS CARRIER CODE (HI50) TO BYPASS EXCEPTION CODE 263 AND TO EXCLUDE CHAMPUS CARRIER CODES (CH01, CH10, H101, AND HI50) FROM GOING TO THE TPL BILLING FILE (MMIS SCREEN 16) BOTH CURRENT AND RETRO.

THIS HAS BEEN DISCUSSED WITH RANDY STAMP.

ADDENDUM AS OF FEBRUARY 27, 2004 (ALLON PETERMAN)

PLEASE ADD IN THE SECOND PARAGRAPH TO INCLUDE THE STATEMENT "FOR PROVIDER TYPE 58".

(PLEASE UPDATE THE SYSTEM TO ADD AN ADDITIONAL CHAMPUS CARRIER CODE (HI50) TO BYPASS, FOR PROVIDER TYPE 58, EXCEPTION CODE 263 AND TO EXCLUDE PROVIDER TYPE 58 SERVICES FOR CLIENTS WITH CHAMPUS CARRIERS (CH01, CH10, HI01, AND HI50) FROM GOING INTO THE TPL BILLING FILE (MMIS SCREEN 16) BOTH CURRENT AND RETRO.

THIS HAS BEEN DISCUSSED WITH DARIN MORIN.

SYSTEM SPECIFICATIONS:

O ADD LOGIC TO SECTION S400 OF BWMT0200 TO BYPASS THE TPL BILL-ING FILE FOR CARRIER CODE 'HI50'.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 57 RUN DATE 06/02/04

CSR LOG

NUMBER - 4356 SUB BY-	SANDY ASBACH	SUB FOR- NORMA LEAVITT	PAGE - 2
ENTERED-03/26/03	PRIORITY-	EST-DAYS-000	REQD-
BEGIN-03/26/03 COMPLETE	-04/02/04 CLO	SE-	

- O ADD LOGIC TO SECTIONS S500, S510, S520 AND S530 OF BWMT0300 TO BYPASS THE TPL BILLING FILE FOR CARRIER CODE 'H150'.
- O ADD LOGIC TO SECTION S700 OF BWPC3580 TO BYPASS THE POSTING OF EXCEPTION 263 FOR CARRIER CODE 'HI50' WITH A PROVIDER TYPE OF '58'.
- O ADD LOGIC TO SECTIONS S825 S826 S827 AND S828 OF BWPC3580 TO SET A SWITCH WHICH IS TO BE USED IN THE BYPASSING OF EXCEPTION 263.
- O ADD A NEW CONSTANT (WK-006-HI50) TO BWWC3580.
- O ADD A NEW SWITCH (WS-010-HI50-CVRG-SW) TO BWWC3580.
- O RECOMPILE PROGRAMS BWSC3580, BWOC0070, BWMT0200 AND BWMT0300.

03/26/03. ADDED - 179.

07/16/03. UPDATED - 158.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 58
RUN DATE 06/02/04

CSR LOG

NUMBER - 4357 SUB BY- TRINA HOGAN SUB FOR- MMIS SERVICES PAGE - 1

ENTERED-03/26/03 PRIORITY-2 EST-DAYS-000 REQD
BEGIN-03/26/03 COMPLETE- CLOSE-

DESCRIPTION: CHANGES TO EXCEPTION 343

STATUS: AWAITING DSHS

REQUEST CONTROL NUMBER: 4466

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

THIS IS REPLACEMENT CRITERIA FOR THE PREVIOUS CSR 3557 (343 EXC BYPASS CRITERIA). PLEASE CHANGE/ADD TO THE EXISTING BYPASS CRITERIA WHEN THE FOLLOWING CRITERIA IS MET.

- 1. IF BILLING PROVIDER TYPE IS 43 (LAB FACILITY) AND PROVIDER SPECIALTY IS 61 (GENETIC COUNSELING) BYPASS FOR ALL DIAGNOSIS WITH PDDD DIAGNOSIS CONTROL INDICATOR 1.
- IF BILLING PROVIDER TYPE IS EQUAL TO 75 (SUBSTANCE ABUSE) BY-PASS.
- PROVIDER NUMBER IS A VALID DETOX PROVIDER NUMBER (3600000 THRU 3699999) - BYPASS.
- 4. MEDICAL CLAIM "J" AND PROCEDURE CODE IS A VALID DETOX PROCEDURE CODE (0025M AND 0026M) BYPASS.
- 5. CLAIM IS INSTITUTIONAL OUTPATIENT "M" AND THE ADMIT HOUR IS 01-07 OR 18-23 AND ONE OF THE DIAGNOSIS CODES IS (520.1-520.6, 521.0-521.6, 523.6, 523.9-524.5, OR 524.7-525.9) BYPASS.
- 6. CLAIM IS INSTITUTIONAL OUTPATIENT "M" AND ONE OF THE DIAGNOSIS CODES IS (520.1-520.6, 521.0-521.6, 523.6, 523.9-524.5, OR 524.7-525.9) AND PROVIDER NUMBER IS 3306206, 3300068, 3110806, 3001500, 3004207, 3348802, 3017902, 3018298, OR 3018280 BYPASS.
- IF BILLING DIAGNOSIS CODES (111.9 OR 117.9) AND NOT PROVIDER TYPE 32 - BYPASS.
- 8. IF BILLING DIAGNOSIS CODES (289.0-278.01) WITH PROCEDURE CODES (0900M-0900M OR 0910M OR 0911M OR 5941M OR 5953M OR 5954M OR 5955M OR 5959M OR 97802-97804) - BYPASS.
- 9. IF BILLING DIAGNOSIS CODES (302-302.9) WITH PROCEDURE CODES (90801-90899 OR 9083M OR 9084M) AND PROVIDER TYPE 19 (PSYCHIATRIST) - BYPASS.
- 10. IF BILLING DIAGNOSIS CODES (302-302.9) AND PROVIDER TYPE IS 73 (VOLUNTARY COMMUNITY MENTAL HEALTH) BYPASS.
- 11. IF BILLING DIAGNOSIS CODES (303-303.93 OR 305-305.03 OR V11.3 OR V79.1) ON PHYSICIAN "J" CLAIM TYPE AND CLIENT AGE IS 16 OR UNDER

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 59 RUN DATE 06/02/04

CSR LOG

 NUMBER - 4357 SUB BY- 1	RINA HOGAN	SUB FOR- MMIS SERVICES	PAGE - 2
 ENTERED-03/26/03	PRIORITY-2	EST-DAYS-000	REQD-
BEGIN-03/26/03 COMPLETE-	- CLC)SE-	

- BYPASS

- 12. IF BILLING DIAGNOSIS CODES (303-303.93 OR 305-305.03 OR V11.3 OR V79.1) ON PHYSICIAN "J" CLAIM TYPE AND SERVICE RENDERED IN PLACE OF SERVICE 7, OR 8 BYPASS.
- 13. IF BILLING DIAGNOSIS CODES (303-303.93 OR 305-305.03 OR V11.3 OR V79.1) ON PHYSICIAN "J" CLAIM TYPE AND SERVICE RENDERED IN PLACE OF SERVICE 6 FOR DATE OF SERVICE PRIOR TO 07/01/02 BYPASS.
- 14. IF BILLING DIAGNOSIS CODES (303-303.93 OR 305-305.03 OR V79.1) ON PHYSICIAN "J" CLAIM TYPE AND CLAIM ITA FIELD EQUALS "I" -BYPASS
- 15. IF BILLING DIAGNOSIS CODES (303-303.93 OR 305-305.03 OR V79.1) ON PHYSICIAN "J" CLAIM TYPE AND CLAIM ITA FIELD EQUALS "B" BYPASS.
- 16. IF BILLING DIAGNOSIS CODES (304-304.93 OR 305-305.03) WITH PROC-EDURE CODES (5941M OR 5959M) - BYPASS.
- 17. IF BILLING DIAGNOSIS CODES (304-304.93) WITH PROCEDURE CODES (59400 OR 59409 OR 59410 OR 59510 OR 59514 OR 59515 OR 59610 OR 59612 OR 59614 OR 59618 OR 59620 OR 59622) BYPASS.
- 18. IF BILLING DIAGNOSIS CODES (304-304.93) ON PHYSICIAN "J" CLAIM TYPE AND THE ITA INDICATOR IS "B" BYPASS.
- 19. IF BILLING DIAGNOSIS CODES (304-304.93) ON PHYSICIAN "J" CLAIM TYPE AND BILLING PROCEDURE CODE 99281-99285 BYPASS PROCEDURE CODES 99281-99285 AND ALL SERVICES BILLED ON THE SAME CLAIM FOR THE SAME DATE OF SERVICE BILLED WITH DIAGNOSIS CODE(S) (304-304.93).
- 20. IF BILLING DIAGNOSIS CODES (304-304.93) ON PHYSICIAN "J" CLAIM TYPE AND BILLING PROCEDURE CODES 80100-80103 AND BILLING PROVIDER NUMBER IS 7060825 BYPASS.
- 21. IF BILLING DIAGNOSIS CODES (317-319.0) AND PHYSICIAN "J" CLAIM TYPE AND PLACE OF SERVICE IS 7 OR 8 BYPASS.
- 22. IF BILLING DIAGNOSIS CODES (317-319.0) AND PHYSICIAN "J" CLAIM TYPE AND PLACE OF SERVICE 6 FOR DATES OF SERVICE PRIOR TO 07/01/02 BYPASS.
- 23. IF BILLING DIAGNOSIS CODES (317-319.0) AND CLAIM TYPE IS PHYS-ICIAN "J" OR MED VENDOR "P" AND PROCEDURE CODES ARE EQUAL TO 92507-92508, 97010-97265, 97504-97537, 97703, 97750, 97770, 0701M-0702M, OR M0006-M0008 - BYPASS.
- 24. IF BILLING DIAGNOSIS CODE (520.1-5206, OR 521.0-521.6 OR 523.6 OR 523.9-524.5 OR 524.7-525.9 OR V72.2) ON "J" PHYSICIAN CLAIM TYPE

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 60 RUN DATE 06/02/04

CSR LOG

NUMBER - 4357 SUB BY-	TRINA HOGAN	SUB FOR- MMIS SERVICES	PAGE - 3
ENTERED-03/26/03	PRIORITY-2	EST-DAYS-000	REQD-
BEGIN-03/26/03 COMPLETE	- CLC)SE-	

AND PROCEDURE CODE (00170 OR 00172 OR 99050 OR 99052 OR 99054 OR 0100M OR 0122D OR 4401D OR 4402D OR 9820M OR 9821M OR 5999M) - RYPASS

- 25. IF BILLING DIAGNOSIS CODE (520.1-5206, OR 521.0-521.6 OR 523.6 OR 523.9-524.5 OR 524.7-525.9 OR V72.2) ON "J" PHYSICIAN CLAIM TYPE BY PROVIDER TYPE 22 (AMBULATORY SURGERY CENTER) OR PROVIDER TYPE 43 (LAB FACILITY) BYPASS.
- 26. IF BILLING DIAGNOSIS CODES (520.1-5206, OR 521.0-521.6 OR 523.6 OR 523.9-524.5 OR 524.7-525.9 OR V72.2) ON "J" PHYSICIAN CLAIM TYPE AND PROCEDURE CODE (99221-99223) AND PLACE OF SERVICE 1 OR PROCEDURE CODES (99201-99215) AND PLACE OF SERVICE 2, AND CLAIM POSTING 493 EXCEPTION (DDD CLIENT) BYPASS.
- 27. IF BILLING DIAGNOSIS V25.2 ON "J" PHYSICIAN CLAIM TYPE AND PROCEDURE CODE (00851 OR 00869 OR 00921) FOR DATE OF SERVICE 01/01/02 AND AFTER BYPASS.
- 28. IF BILLING DIAGNOSIS CODE (V400) BY PROVIDER TYPE 31 BYPASS.
- 29. IF BILLING DIAGNOSIS CODE (V70.0 OR V70.3 OR V70.8) AND PROCEDURE CODE 0310M AND ALL SERVICES BILLED ON THE SAME CLAIM FOR THE SAME DATE OF SERVICE BILLED WITH DIAGNOSIS CODE(S) (V70.0 OR V70.3 OR V70.8).
- 30. IF BILLING DIAGNOSIS CODE (V70.0 OR V70.3 OR V70.8) AND PROCEDURE CODE 0390M BYPASS.
- 31. IF BILLING DIAGNOSIS CODE (V70.0 OR V70.3 OR V70.8) ON PHYSICIAN
 "J" CLAIM TYPE AND PROCEDURE CODE 0310M BYPASS PROCEDURE CODE
 0310M AND ALL SERVICES BILLED ON THE SAME CLAIM FOR THE SAME DATE
 OF SERVICE WITH DIAGNOSIS CODES (V70.0 OR V70.3 OR V70.8).
- 32. IF BILLING DIAGNOSIS CODE (V72.2) BY PROVIDER TYPE 15 (INDIAN HEALTH) BYPASS.
- 33. IF BILLING DIAGNOSIS CODE (V79.2) IN PLACE OF SERVICE 7, OR 8 BYPASS. (REMOVED POS 6)
- 34. IF BILLING DIAGNOSIS CODE (V79.2) IN PLACE OF SERVICE 6 FOR DATE OF SERVICE PRIOR TO 07/01/02 BYPASS.
- 35. IF BILLING DIAGNOSIS CODE (V96.0) ON EPSDT "L" CLAIM TYPE FOR DATE OF SERVICE PRIOR TO 03/01/03 BYPASS.

PLEASE DO NOT COMBINE ANY COMPONENTS FOR FUTURE UPDATING ISSUES.

THIS HAS BEEN DISCUSSED WITH DON BOOGERD.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 61 RUN DATE 06/02/04

CSR	LOG
NUMBER - 4357 SUB BY- TRINA HOGAN SUE	B FOR- MMIS SERVICES PAGE- 4
ENTERED-03/26/03 PRIORITY-2 EST-I	DAYS-000 REQD-
BEGIN-03/26/03 COMPLETE- CLOSE-	
SYSTEM SPECIFICATIONS:	
O ADD LOGIC TO INCLUDE MEMBER SO REQUESTED IN THE CSR.	0210 FOR THE THIRTY FIVE UPDATES
	DS NEED FOR THE ABOVE LOGIC
CHANGES TO COPY MEMBER WH321050	· · · · · · · · · · · · · · · · · · ·
03/26/03. ADDED - 179.	
05/04/04. UPDATED - 158.	
55, 51, 51. SIEMIED 136.	

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 62 RUN DATE 06/02/04

CSR LOG

NUMBER - 4365 SUB BY- 0	CATHIE OTT	SUB FOR- NORMA LEAVITT	PAGE - 1
ENTERED-04/02/03	PRIORITY-	EST-DAYS-000	REQD-
BEGIN-04/02/03 COMPLETE	- CLO	 SE-	

DESCRIPTION: NEW TPL BILLING ADD CAPABILITY

STATUS: AWAITING ANALYSIS

REQUEST CONTROL NUMBER: 4480

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

PLEASE CREATE A NEW CAPABILITY FOR ADDING CLAIMS TO THE TPL BILLING FILE, (SCREEN 16) IN MMIS. THIS NEW CAPABILITY WILL BE USED TO CREATE A BILLING FILE RECORD FOR CLAIMS THAT A USER DETERMINES MAY BE PAYABLE BY HEALTH INSURANCE. WE NEED THE ABILITY TO ALLOW A USER TO ENTER A HEALTH INSURANCE CARRIER CODE, PIC, PROVIDER NUMBER (OPTIONAL), BEGINNING AND ENDING DATE OF SERVICE SPAN AND CLAIM TYPES.

USE THE RETRO TPL BILLING FILE CRITERIA (SUCH AS DOLLAR AMOUNT LIMIT) AND OTHER CRITERIA (SUCH AS THE PRESENCE OF A TPL SEGMENT) TO DETERMINE CLAIMS HAT WILL BE ADDED TO THE BILLING FILE.

THE NEW PROCESS NEEDS TO RUN ON A WEEKLY BASIS.

THIS HAS BEEN DISCUSSED WITH RANDY STAMP.

SYSTEM SPECIFICATIONS:

04/02/03. ADDED - 179.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 63 RUN DATE 06/02/04

CSR LOG

NUMBER - 4367 SUB BY- CATHIE OTT SUB FOR- MMIS SERVICES PAGE - 1

ENTERED-04/02/03 PRIORITY- EST-DAYS-000 REQD
BEGIN-04/02/03 COMPLETE-01/23/04 CLOSE-

DESCRIPTION: CHANGES TO ACES UPDATE PROCESS

STATUS:

REQUEST CONTROL NUMBER: 4484

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

WE NEED TO CHANGE PART OF THE PROCESS ON THE ACES TO MMIS DAILY ELIGIBILITY UPDATES THAT WAS REQUESTED IN CSR #4143 (SEE ATTACHED COPY).

CURRENTLY WHEN PROCESSING THE ACES TO MMIS DAILY ELIGIBILITY UPDATES IF THE CLIENT HAS AN ELIGIBILITY BEGIN DATE IN MMIS THAT IS GREATER THAN THE ACES ELIGIBILITY END DATE AND THE CURRENT MMIS ELIGIBILITY SEGMENT IS OPEN-ENDED (END DATE OF "999999") THE SYSTEM CLOSES THE CURRENT SEGMENT ON PAGE TWO OF THE RECIPIENT ELIGIBILITY FILE THE SAME DAY IT BEGINS. WE NEED TO CHANGE THIS CRITERIA TO "WHEN AN ELIGIBILITY BEGIN DATE IN MMIS IS GREATER THAN THE ACES ELIGIBILITY END DATE AND THE CURRENT SEGMENT ON PAGE TWO OF THE RECIPIENT ELIGIBILITY FILE WITH THE ACES ELIGIBILITY END DATE (I.E. ACES SEGMENT 4/1/03-3/31/03 - CLOSE OPEN-ENDED SEGMENT IN MMIS 3/31/03).

ADDENDUM: AS OF DECEMBER 18, 2003

WE NEED TO CHANGE THIS CRITERIA TO "WHEN AN ELIGIBILITY BEGIN DATE IN MMIS IS GREATER THAN THE ACES ELIGIBILITY END DATE AND THE CURRENT MMIS ELIGIBILITY SEGMENT IS OPEN-ENDED TO CLOSE THAT CURRENT SEGMENT ON PAGE TWO OF THE RECIPIENT ELIGIBILITY FILE WITH THE ACES ELIGIBILITY CODE OF "6" WHICH IS "NON-COVERED" (I.E. ACES SEGMENT 4/1/03 - 3/31/03 - CLOSE OPEN-ENDED SEGMENT IN MMIS 4/1/03 - 4/1/03 WITH AN ELIGIBILITY CODE "6").

THIS HAS BEEN DISCUSSED WITH DON BOOGERD.

SYSTEM SPECIFICATIONS:

IN ORDER TO COMPLETE THIS CSR THE FOLLOWING WILL NEED TO BE DONE.

IN PROGRAM BWMR2100 - ADD CODE TO S510 TO MOVE NOT-ELIGIBLE (6) TO THE RECIPIENTS ELIGIBILITY CODE IF THE CRITERIA IS MET.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 64 RUN DATE 06/02/04

CSR LOG

NUMBER - 4367 SUB BY- C	ATHIE OTT	SUB FOR- MMIS	SERVICES	PAGE -	2
ENTERED-04/02/03	PRIORITY-	EST-DAYS-000		REQD-	
BEGIN-04/02/03 COMPLETE-	01/23/04 CLC	SE-			
RECOMPILE BWMR21	00.				
04/02/03. ADDED -	179.				
01/23/04. UPDATED	- 177.				

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 65 RUN DATE 06/02/04

CSR LOG

NUMBER - 4374 SUB BY- TRINA HOGAN SUB FOR- MMIS SERVICES PAGE- 1 ENTERED-04/07/03 PRIORITY- EST-DAYS-000 REOD -BEGIN-04/07/03 COMPLETE-09/26/03 CLOSE-DESCRIPTION: MEDICARE MODIFIER CONVERSIONS STATUS: REOUEST CONTROL NUMBER: 4488 DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO PLEASE CHANGE THE FOLLOWING BOLDED CRITERIA FOR EXHIBIT D, MEDICARE PART B CROSSOVER CODE CONVERSION TABLE FOR PROGRAM ID.BWMC1004 (BLUE CROSS BLUE SHIELD). MEDICARE FIELD - PLACE OF SERVICE MEDICARE CODE - 24 (ASC) ADDITIONAL CRITERIA - NONE CONVERSION TO STATE CODE - 6 (PROFESSIONAL SERVICES IN AN ASC) MEDICARE FIELD - PLACE OF SERVICE MEDICARE CODE - 33 (NURS HOME CCF) ADDITIONAL CRITERIA - NONE CONVERSION TO STATE CODE - 9 (CONGREGATE CARE/GROUP HOME AND OTHER) MEDICARE FIELD - PLACE OF SERVICE MEDICARE CODE - 26 (MILITARY TREAT) ADDITIONAL CRITERIA - NONE CONVERSION TO STATE CODE - 9 (CONGREGATE CARE/GROUP HOME AND OTHER) MEDICARE FIELD - PLACE OF SERVICE MEDICARE CODE - 41 (AMBULANCE LAND) ADDITIONAL CRITERIA - NONE CONVERSION TO STATE CODE - 9 (CONGREGATE CARE/GROUP HOME AND OTHER) MEDICARE FIELD - PLACE OF SERVICE MEDICARE COE - 42 (AMBULANCE AIR) ADDITIONAL CRITERIA - NONE CONVERSION TO STATE CODE - 9 (CONGREGATE CARE/GROUP HOME AND OTHER)

MEDICARE FIELD - PLACE OF SERVICE MEDICARE CODE - 55 (SUBSTANCE ABUSE)

ADDITIONAL CRITERIA - NONE

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 66 RUN DATE 06/02/04

CSR LOG

NUMBER - 4374 SUB BY- TRINA HOGAN SUB FOR- MMIS SERVICES PAGE - 2

ENTERED-04/07/03 PRIORITY- EST-DAYS-000 REQD
BEGIN-04/07/03 COMPLETE-09/26/03 CLOSE-

CONVERSION TO STATE CODE - 9 (CONGREGATE CARE/GROUP HOME AND OTHER)

MEDICARE FIELD - PLACE OF SERVICE

MEDICARE CODE - 56 (PSYCH RES TREAT)

ADDITIONAL CRITERIA - NONE

CONVERSION TO STATE CODE - 9 (CONGREGATE CARE/GROUP HOME AND OTHER)

MEDICARE FIELD - PLACE OF SERVICE
MEDICARE CODE - 99 (OTHER)
ADDITIONAL CRITERIA - NONE
CONVERSION TO STATE CODE - 9 (CONGREGATE CARE/GROUP HOME AND OTHER)

PLEASE ADD THE FOLLOWING CRITERIA TO EXHIBIT D, MEDICARE PART B CROSSOVER CODE CONVERSION TABLE FOR PROGRAM ID.BWMC1004 (BLUE CROSS BLUE SHIELD).

MEDICARE FIELD - MODIFIER

MEDICARE CODE - 1,2 OR 3 TO QN

ADDITIONAL CRITERIA - NONE

CONVERSION TO STATE CODE - QN (AMBULANCE SERVICE FURNISHED DIRECTLY BY HOSPITAL)

MEDICARE FIELD - MODIFIER
MEDICARE CODE - 1,2 OR 3 TO GJ
ADDITIONAL CRITERIA - NONE
CONVERSION TO STATE CODE - GJ ("OPT OUT" PHYSICIAN OR PRACTITIONER EMERGENCY OR URGENT SERVICE)

MEDICARE FIELD - MODIFIER

MEDICARE CODE - 1,2 OR 3 TO ID

ADDITIONAL CRITERIA - NONE

CONVERSION TO STATE CODE - ID (SITE OF TRANSFER (E.G. AIRPORT OR HELICOPTER PAD) BETWEEN TYPES OF AMBULANCE TO DIAGNOSTIC OR THERAPEUTIC SITE
OTHER THAN PHYSICIAN'S OFFICE OR HOSPITAL WHEN USED AS ORIGIN CODES).

MEDICARE CODE - 1,2 OR 3 TO II ADDITIONAL CRITERIA - NONE CONVERSION TO STATE CODE - II (SITE OF TRANSFER (E.G. AIRPORT OR HELI-COPTER PAD) BETWEEN TYPES OF AMBULANCE TO SITE OF TRANSFER (E.G. AIRPORT

MEDICARE FIELD - MODIFIER

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 67 RUN DATE 06/02/04

CSR LOG

NUMBER - 4374 SUB BY- TRINA HOGAN SUB FOR- MMIS SERVICES PAGE - 3

ENTERED-04/07/03 PRIORITY- EST-DAYS-000 REQD
BEGIN-04/07/03 COMPLETE-09/26/03 CLOSE-

OR HELICOPTER PAD) BETWEEN TYPES OF AMBULANCE).

MEDICARE FIELD - MODIFIER

MEDICARE CODE - 1,2 OR 3 TO IP

ADDITIONAL CRITERIA - NONE

CONVERSION TO STATE CODE - IP (SITE OF TRANSFER (E.G. AIRPORT OR HELI-COPTER PAD) BETWEEN TYPES OF AMBULANCE TO PHYSICIAN'S OFFICE (INCLUDES HMO NON-HOSPITAL FACILITY, CLINIC, ETC.)).

MEDICARE FIELD - MODIFIER
MEDICARE CODE - 1,2 OR 3 TO NP
ADDITIONAL CRITERIA - NONE
CONVERSION TO STATE CODE - NP (SKILLED NURSING FACILITY (SNF) TO PHYSICIAN'S OFFICE (INCLUDES HMO NONHOSPITAL FACILITY, CLINIC, ETC)).

MEDICARE FIELD - MODIFIER

MEDICARE CODE - 1,2 OR 3 TO NS

ADDITIONAL CRITERIA - NONE

CONVERSION TO STATE CODE - NS (SKILLED NURSING FACILITY (SNF) TO SCENE

OF ACCIDENT OR ACUTE EVENT).

MEDICARE FOELD - MODIFIER
MEDICARE CODE - 1,2 OR 3 TO PP
ADDITIONAL CRITERIA - NONE
CONVERSION TO STATE CODE - PP (PHYSICIANS OFFICE (INCLUDES HMO NON-HOS-PITAL FACILITY, CLINIC, ETC) TO PHYSICIANS OFFICE (INCLUDES HMO NON-HOS-PITAL FACILITY, CLINIC, ETC.))

MEDICARE FIELD - MODIFIER
MEDICARE CODE 1,2 OR 3 TO PR
ADDITIONAL CRITERIA - NONE
CONVERSION TO STATE CODE - PR (PHYSICIAN'S OFFICE (INCLUDES HMO NON-HOS-PITAL FACILITY, CLINIC ETC) TO RESIDENCE)

MEDICARE FIELD - MODIFIER

MEDICARE CODE - 1,2 OR 3 TO RI

ADDITIONAL CRITERIA - NONE

CONVERSION TO STATE CODE - RI (RESIDENCE TO SITE OF TRANSFER (E.G. AIR-PORT OR HELICOPTER PAD) BETWEEN TYPES OF AMBULANCE)

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 68 RUN DATE 06/02/04

CSR LOG

NUMBER - 4374 SUB BY- TRINA HOGAN SUB FOR- MMIS SERVICES PAGE - 4

ENTERED-04/07/03 PRIORITY- EST-DAYS-000 REQD
BEGIN-04/07/03 COMPLETE-09/26/03 CLOSE-

MEDICARE FIELD - MODIFIER
MEDICARE CODE - 1,2 OR 3 TO SI
ADDITIONAL CRITERIA - NONE
CONVERSION TO STATE CODE - SI (SCENE OF ACCIDENT OR ACUTE EVENT TO SITE
OF TRANSFER (E.G. AIRPORT OR HELICOPTER PAD) BETWEEN TYPES OF AMBULANCE)

MEDICARE FIELD - MODIFIER

MEDICARE CODE - 1,2 OR 3 TO SR

ADDITIONAL CRITERIA - NONE

CONVERSION TO STATE CODE - SR (SCENE OF ACCIDENT OR ACUTE EVENT TO RESIDENCE)

ADDENDUM AS OF JULY 3, 2003:

PLEASE ADD THE FOLLOWING CRITERIA FOR EXHIBIT D, MEDICARE PART B CROSSOVER CODE CONVERSION TABLE FOR PROGRAM ID.BWMC1004 (BLUE CROSS BLUE SHIELD).

MEDICARE FIELD - PLACE OF SERVICE MEDICARE CODE - 03 ADDITIONAL CRITERIA - NONE CONVERSION TO STATE CODE - 3 (SCHOOL)

MEDICARE FIELD - PLACE OF SERVICE
MEDICARE CODE - 15
ADDITIONAL CRITERIA - NONE
CONVERSION TO STATE CODE - 9 (MOBILE UNIT)

MEDICARE FIELD - PLACE OF SERVICE

MEDICARE CODE - 20

ADDITIONAL CRITERIA - NONE

CONVERSION TO STATE CODE - 3 (URGENT CARE FACILITY)

MEDICARE FIELD - PLACE OF SERVICE MEDICARE CODE - 50 ADDITIONAL CRITERIA - NONE CONVERSION TO STATE CODE - 3 (FQHC)

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 69 RUN DATE 06/02/04

CSR LOG

NUMBER - 4374 SUB BY- TRINA HOGAN SUB FOR- MMIS SERVICES PAGE- 5

ENTERED-04/07/03 PRIORITY- EST-DAYS-000 REQD
BEGIN-04/07/03 COMPLETE-09/26/03 CLOSE-

MEDICARE FIELD - PLACE OF SERVICE
MEDICARE CODE - 60
ADDITIONAL CRITERIA - NONE
CONVERSION TO STATE CODE - 9 (MASS IMMUNIZATION CENTER)

SYSTEM SPECIFICATIONS:

IN ORDER TO IMPLEMENT THIS CSR, THE FOLLOWING WILL NEED TO BE DONE:

- O ADD SYSTEM CHANGE TO DED03908 ADD THE REQUESTED VALID VALUES.
- O $\,$ ADD SYSTEM CHANGE TO DED04066 ADD THE REQUESTED VALID VALUES.
- O ADD THE REQUESTED VALUES TO WH-000-VALID-MODIFIER IN PROGRAM BWMC1004.
- O RECOMPILE PROGRAMS BWMC1001 BWMC1003 AND BWMC1004.

THE FOLLOWING MODIFICATIONS MUST BE MADE TO MMIS DOCUMENTATION:

- O UPDATE THE CSR LOG WITH THE REQUIREMENTS ANALYSIS FOR CSR4374.
- O UPDATE THE EXHIBIT D DOCUMENT WITH THE MODIFIED CRITERIA.

ADDENDUM DATED 07/03/03 -

IN ORDER TO IMPLEMENT THIS CSR, THE FOLLOWING WILL NEED TO BE DONE:

O ADD SYSTEM CHANGE TO DED03141 - ADD THE REQUESTED POS VALID VALUES.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 70 RUN DATE 06/02/04

CSR LOG

NUMBER - 4374 SUB BY-	- TRINA HOGAN	SUB FOR- MMIS SERVICES	PAGE - 6
ENTERED-04/07/03	PRIORITY-	EST-DAYS-000	REQD -
BEGIN-04/07/03 COMPLET	ΓE-09/26/03 CLC	DSE-	
O ADD THE BWMC1004.	REQUESTED VALUE	ES TO WH-000-VALID-MODIFIE	R IN PROGRAM

- O MAKE CODING CHANGES FOR THE PLACE OF SERVICE CHANGES IN BWMC1004.
- O RECOMPILE PROGRAMS BWMC1001 BWMC1003 AND BWMC1004.

04/07/03. ADDED - 179.

09/16/03. UPDATED - 177.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 71 RUN DATE 06/02/04

CSR LOG

NUMBER - 4385 SUB BY- CATHIE OTT SUB FOR- SHARLA METHENY PAGE- 1

ENTERED-04/15/03 PRIORITY- EST-DAYS-000 REQD
BEGIN-04/15/03 COMPLETE-04/16/04 CLOSE-

DESCRIPTION: NEW EXCEPTION FOR T2 LETTERS

STATUS:

REQUEST CONTROL NUMBER: 4496

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

FOR THE PURPOSE OF REDUCING THE NUMBER OF MANUAL T2'S THAT ARE SENT AND TO PROVIDE AUTOMATIC FOLLOW UP AS PROVIDED BY THE CURRENT AUTOMATED T2 PROCESS, WE NEED AN EXCEPTION TO POST BASED ON AN INDICATOR THAT WE COULD PUT IN THE LMC FIELD. FORCING THE EXCEPTION WOULD CAUSE THE CLAIM TO MOVE INTO THE WEEKLY-AUTOMATED T2 PROCESS.

THIS HAS BEEN DISCUSSED WITH RANDY STAMP.

ADDENDUM AS OF MARCH 31, 2004 - ALLON PETERMAN

PRESENTLY THE SYSTEM PARAMETER 0227 (TPL CLIENT LETTER THRESHOLD AMOUNT) IS SET AT A RATE THAT PREVENTS THE TPL INTERMEDIATE FILE FROM BEING UPDATED AND T2 (INJURY/CASUALTY QUESTIONAIRE) LETTERS FROM BEING GENERATED.

FOR THE T2 THAT HAS AN "A" IN THE LMC INDICATOR THAT CREATES A 1030 EXCEPTION (GENERAL), PLEASE REDUCE THE THRESHOLD TO THE PAID AMOUNT OF \$1.00 AND DO NOT USE 0227.

THIS HAS BEEN DISCUSSED WITH DARIN MORIN.

SYSTEM SPECIFICATIONS:

THIS IS IN RESPONSE TO CSR 4385 WHICH REQUESTS A NEW EXCEPTION WHICH WOULD ALLOW CLAIMS TO AUTOMATICALLY ENTER THE WEEKLY T2 PROCESS.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 72 RUN DATE 06/02/04

CSR LOG

NUMBER - 4385 SUB BY-	CATHIE OTT	SUB FOR- SHARLA METHENY	PAGE - 2
ENTERED-04/15/03	PRIORITY-	EST-DAYS-000	REQD -
BEGIN-04/15/03 COMPLET	E-04/16/04 CLO	SE-	

TO COMPLETE THIS CSR THE FOLLOWING NEEDS TO BE DONE.

- 1. ADD A NEW VALID VALUE 'X' TO DED 04416 LMC-APPROVAL-IND.
- 2. ADD LOGIC IN COPY MEMBER S3203 TO POST A NEW EXCEPTION '1030' WHEN THE LMC-APPROVAL-IND FIELD IS EQUAL TO 'X'.
- 3. ADD LOGIC IN PROGRAM BWMT1102 TO ADD THE CLAIM TO THE WEEKLY T2 PROCESS WHEN EXCEPTION 1030 HAS BEEN FORCED.

I FEEL THIS CAN BE DONE BY 02/20/04, THIS INCLUDES TIME FOR CODING CHANGES, DOCUMENTATION AND TESTING. IF YOU HAVE ANY QUESTIONS, PLEASE SEE ME.

ADDENDUM AS OF MARCH 31,2004 (ALLON PETERMAN)

IN ORDER TO IMPLEMENT THIS CSR, THE $\,$ FOLLOWING $\,$ WILL $\,$ NEED $\,$ TO $\,$ BE $\,$ DONE:

O ADD LOGIC IN BWMT1102 TO IGNORE SYSTEM PARAMETER 0227 FOR CLAIMS POSTING EXCEPTION 1030 AND SET THE THRESHHOLD AMOUNT TO \$1.00.

04/15/03. ADDED - 269.

02/14/04. UPDATED - 516.

04/07/04. UPDATED - 516.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 73 RUN DATE 06/02/04

CSR LOG

NUMBER - 4414 SUB BY- SANDY ASBACH SUB FOR- MMIS SERVICES PAGE- 1

ENTERED-06/10/03 PRIORITY- EST-DAYS-000 REQD
BEGIN-06/10/03 COMPLETE-10/24/03 CLOSE-

DESCRIPTION: HIPAA - CHANGES TO EXC 117-169

STATUS:

REQUEST CONTROL NUMBER: 4527

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

PLEASE END THE FOLLOWING MODIFIERS FOR EXCEPTION CODE 117 (INVALID PROCEDURE CODE MODIFIER), EFFECTIVE WITH DATES OF SERVICE 08/01/03.

- 1A (NURSE ANESTHETIST)
- 1C (CHILDREN'S PRIMARY HEALTH CARE)
- 1G (CONTRACTS)
- 1R (CONSULTATION ON X-RAY EXAMINATION)
- 9T (MAJOR TRAUMA)
- 5A (PRICED AT 100%)
- 5B (PRICED AT 50%)
- 5D (PRICED AT 10%, 4TH SURGICAL POSITION)

PLEASE END THE FOLLOWING MODIFIERS FOR EXCEPTION CODE 117 (INVALID PROCEDURE CODE MODIFIER), EFFECTIVE WITH DATES OF SERVICE 10/15/03.

- 1M (SPECIAL AGREEMENT)
- 1P (PURCHASE)
- 2B,2C,2D,2E,2F,2G,2H,2T,3B,3C,3D,3E,3F,3G,3H,3J,3K,3M,3N,3Q,3R,3T,3V,3W,4A,4B,4C,4D,4N,6N,9A,9B,9C,9D,9E,PF,9G (MEDICAL NUTRITION).

ALSO, ADD CRITERIA FOR THE FOLLOWING MODIFIERS TO EXCEPTION CODE 169 (MODIFIER INVALID WITH PROCEDURE).

HA (CHILD ADOLESCENT PROGRAM), EFFECTIVE WITH DATES OF SERVICE 07/01/03 FOR TYPE OF SERVICE 3 (PHYSICIAN AND EPSDT CLAIMS) FOR PROCEDURE CODES (99201-99215). NOTE: REPLACES MODIFIER 1C. AND EFFECTIVE WITH DATES OF SERVICE 3 (PHYSICIAN CLAIMS) FOR PROCEDURE CODES (H0001-H2036, T1009, T1028, 0025M-2196M)

HD (PREGNANT PARENTING WOMENS'S PROGRAM) EFFECTIVE WITH DATES OF SERVICE 10/01/03 FOR TYPE OF SERVICE 3 (PHYSICIAN CLAIMS) FOR PROCEDURE CODES 0039M,0025M-2196M,0065M,0040M-0423M,80100,80101,96152,H0001-H2036,S5152,

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 74 RUN DATE 06/02/04

CSR LOG

NUMBER - 4414 SUB BY-	SANDY ASBACH	SUB FOR- MMIS SERVICES	PAGE - 2
ENTERED-06/10/03	PRIORITY-	EST-DAYS-000	REQD -
BEGIN-06/10/03 COMPLET	E-10/24/03 CLO	SE-	

S9436,S9470,T1002,T1017,T1019,T1023).

HE (MENTAL HEALTH PROGRAM) EFFECTIVE WITH DATES OF SERVICE 10/01/03 FOR TYPE OF SERVICE 3 (PHYSICIAN CLAIMS) FOR PROCEDURE CODES (9701M,9000M, T1015).

HG (OPIOID ADDICTION TREATMENT PROGRAM) EFFECTIVE WITH DATES OF SERVICE 10/01/03 FOR TYPE OF SERVICE 3 (PHYSICIAN CLAIMS) FOR PROCEDURE CODES (00.37M,00.38M,80100,80101).

HI (INTEGRTATED MENTAL HEALTH AND MENTAL RETARDATION/DEVELPMENTAL DISABILITIES PROGRAM), EFFECTIVE WITH DATES OF SERVICE 07/01/03 FOR TYPE OF SERVICE 3 (PHYSICIAN CLAIMS) FOR PROCEDURE CODES (0310M,T1023).

HX (FUNDED BY COUNTY/LOCAL AGENCY) EFFECTIVE WITH DATES OF SERVICE 10/01/03 FOR TYPE OF SERVICE 3 (PHYSICIAN CLAIMS) FOR PROCEDURE CODES (0165M,T1015).

HQ (GROUP SETTING), EFFECTIVE WITH DATES OF SERVICE 10/01/03 FOR TYPE OF SERVICE 3 (PHYSICIAN CLAIMS) FOR PROCEDURE CODE (0130S,0140S,0150S, 92700,97799,T1024).

SE (STATE AND/OR FEDERALLY FUNDED PROGRAMS/SERVICES) EFFECTIVE WITH DATES OF SERVICE 10/01/03 FOR TYPE OF SERVICE 3 (PHYSICIAN CLAIMS) FOR PROCEDURE CODES (0198M.T1015).

ST (RELATED TO TRAUMA OR INJURY), EFFECTIVE WITH DATES OF SERVICE 07/01/03 FOR TYPE OF SERVICE 3 (PHYSICIAN CLAIMS) EXCLUDING PROCEDURE CODES (80000-89999). NOTE: REPLACES MODIFIER 9T.

TF (INTERMEDIATE LEVEL OF CARE) EFFECTIVE WITH DATES OF SERVICE 10/01/03, FOR TYPE OF SERVICE 3 (PHYSICIAN CLAIMS).

TG (COMPLEX HIGH LEVEL OF CARE), EFFECTIVE WITH DATES OF SERVICE 10/01/03, FOR TYPE OF SERVICE 3 (PHYSICIAN CLAIMS).

TH (OBSTETRICAL TREATMENT/SERVICES, PRENATAL OR POSTPARTUM), EFFECTIVE WITH DATES OF SERVICE 07/01/03 FOR TYPE OF SERVICE 3 (PHYSICIAN CLAIMS) ONLY WITH PROCEDURE CODES S3620, T1001, T1015, 59245, 59246, 99211-

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 75 RUN DATE 06/02/04

CSR LOG

NUMBER - 4414 SUB BY- SANDY ASBACH SUB FOR- MMIS SERVICES PAGE - 3 ENTERED-06/10/03 PRIORITY- EST-DAYS-000 REOD -BEGIN-06/10/03 COMPLETE-10/24/03 CLOSE-99215, 99221-99223, 99251-99255, 99261-99263, 99354-99357, 9001M. NOTE: REPLACES LOCAL CODES RELATED TO MATERNITY. U1-U6 (SEE EFFECTIVE DATES AND ALLOWABLE PROCEDURE CODES BELOW). U1 (PRICED AT 100% AND REPLACES 5A MODIFIER) U2 (PRICED AT 50% AND REPLACES 5B MODIFIER) U3 (PRICED AT 100%, WITH TRAUMA ENHANCEMENT PERCENTAGE FOR DOS) U4 (PRICED AT 50%, WITH TRAUMA ENHANCEMENT PERCENTAGE FOR DOS) U5 (PRICED AT 100% OF ASSIST ALLOWANCE "MODIFIER 80", WITH TRAUMA EN-HANCEMENT PERCENTAGE FOR DOS) U6 (PRICED AT 50% OF ASSIST ALLOWANCE "MODIFIER 80", WITH TRAUMA EN-HANCEMENT PERCENTAGE FOR DOS) ABOVE MODIFIERS ARE EFFECTIVE WITH DATES OF SERVICE 07/01/03, FOR PRO-CEDURE CODES (0001T-0040T, 10000-69999, 1000M-6999M, 78306, 78320, 78802, 78806, 78807, 92018, 92502, 92975-92997, 93501-93553, 96405-96406, 99170, G0101-G0132, G0168-G0186, G0260) AND PROCEDURE CODES (E0450, E0460). PLEASE ADD TO THE CRITERIA OF PROCEDURE CODES VALID WITH THE FOLLOWING MODIFIERS FOR "P" MEDICAL VENDOR CLAIMS BILLED WITH TYPE OF SERVICE 9: 22-VALID WITH PROCEDURE CODES A4351 & A4352 59-VALID WITH PROCEDURE CODES A4531, A4532, A4525-A4528 & A4535 BO-VALID WITH PROCEDURE CODES B4150-B4155 DH-VALID WITH PROCEDURE CODES A0170, A0425-A0431, A0433-A0436 DJ-VALID WITH PROCEDURE CODES A0170, A0425-A0431, A0433-A0436 ED-VALID WITH PROCEDURE CODES A0170, A0425-A0431, A0433-A0436

EG-VALID WITH PROCEDURE CODES A0170, A0425-A0431, A0433-A0436 EH-VALID WITH PROCEDURE CODES A0170, A0425-A0431, A0433-A0436

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 76 RUN DATE 06/02/04

CSR LOG

NUMBER - 4414 SUB BY- SANDY ASBACH SUB FOR- MMIS SERVICES PAGE- 4

ENTERED-06/10/03 PRIORITY- EST-DAYS-000 REQD
BEGIN-06/10/03 COMPLETE-10/24/03 CLOSE-

EN-VALID WITH PROCEDURE CODES A0170, A0425-A0431, A0433-A0436 ES-VALID WITH PROCEDURE CODES A0170, A0425-A0431, A0433-A0436 GB-VALID WITH PROCEDURE CODES A0170, A0425-A0431, A0433-A0436 GM-VALID WITH PROCEDURE CODES A0427, A0429 & A0433 GR-VALID WITH PROCEDURE CODES A0170, A0425-A0431, A0433-A0436 HD-VALID WITH PROCEDURE CODES A0170, A0425-A0431, A0433-A0436 HE-VALID WITH PROCEDURE CODES A0170, A0425-A0431, A0433-A0436 HG-VALID WITH PROCEDURE CODES A0170, A0425-A0431, A0433-A0436 HI-VALID WITH PROCEDURE CODES A0170, A0425-A0431, A0433-A0436 HJ-VALID WITH PROCEDURE CODES A0170, A0425-A0431, A0433-A0436 ${\tt HN-VALID}$ WITH PROCEDURE CODES A0170, A0425-A0431, A0433-A0436 HP-VALID WITH PROCEDURE CODES A0170, A0425-A0431, A0433-A0436 HR-VALID WITH PROCEDURE CODES A0170, A0425-A0431, A0433-A0436 HX-VALID WITH PROCEDURE CODES A0170, A0425-A0431, A0433-A0436 IH-VALID WITH PROCEDURE CODES A0170, A0425-A0431, A0433-A0436 IR-VALID WITH PROCEDURE CODES A0170, A0425-A0431, A0433-A0436 JD-VALID WITH PROCEDURE CODES A0170, A0425-A0431, A0433-A0436 JE-VALID WITH PROCEDURE CODES A0170, A0425-A0431, A0433-A0436 JH-VALID WITH PROCEDURE CODES A0170, A0425-A0431, A0433-A0436

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 77 RUN DATE 06/02/04

CSR LOG

NUMBER - 4414 SUB BY- SANDY ASBACH SUB FOR- MMIS SERVICES PAGE - 5 ENTERED-06/10/03 PRIORITY- EST-DAYS-000 REOD -BEGIN-06/10/03 COMPLETE-10/24/03 CLOSE-JN-VALID WITH PROCEDURE CODES A0170, A0425-A0431, A0433-A0436 JR-VALID WITH PROCEDURE CODES A0170, A0425-A0431, A0433-A0436 KX-VALID WITH PROCEDURE CODES A4253 & A4259 ND-VALID WITH PROCEDURE CODES A0170, A0425-A0431, A0433-A0436 NE-VALID WITH PROCEDURE CODES A0170, A0425-A0431, A0433-A0436 NG-VALID WITH PROCEDURE CODES A0170, A0425-A0431, A0433-A0436 NH-VALID WITH PROCEDURE CODES A0170, A0425-A0431, A0433-A0436 NI-VALID WITH PROCEDURE CODES A0170, A0425-A0431, A0433-A0436 NJ-VALID WITH PROCEDURE CODES A0170, A0425-A0431, A0433-A0436 NN-VALID WITH PROCEDURE CODES A0170, A0425-A0431, A0433-A0436 NU-VALID WITH PROCEDURE CODES A4450, A4452, A4536, A4537, A4554 A4556, A4558, A4611-A4613, A4615-A4626, A4628-A4629, A7000-A7006, A7010-A7015, A7509, B9004, B9006, E0168, E0181-E0182, E0185-E0186, ${\tt E0194,\ E0197,\ E0271,\ E0292-E0297,\ E0305,\ E0310,\ E0372,\ E0480,\ E0570,\ E0480,\ E04$ E0601, E0630, E0635, E0650, E0730, E0776, E0779-E0781, E0784, E0791, ${\tt E0910,\ E0920,\ E0930,\ E0940,\ E0946,\ E1399,\ K0268,\ K0531-K0532,\ K0549-K0531-K0532,\ K0549-K0531-K0532,\ K0549-K0531-K0532,\ K0549-K0531-K0532,\ K0549-K0548-K0558-K055-K055-K055-K055-K055-K055-K$ K0550, L8501, S8181, S8185, T1500 NX-VALID WITH PROCEDURE CODES A0170, A0425-A0431, A0433-A0436 PD-VALID WITH PROCEDURE CODES A0170, A0425-A0431, A0433-A0436 PE-VALID WITH PROCEDURE CODES A0170, A0425-A0431, A0433-A0436 PI-VALID WITH PROCEDURE CODES A0170, A0425-A0431, A0433-A0436 PN-VALID WITH PROCEDURE CODES A0170, A0425-A0431, A0433-A0436 PR-VALID WITH PROCEDURE CODES A0170, A0425-A0431, A0433-A0436

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 78
RUN DATE 06/02/04

CSR LOG

NUMBER - 4414 SUB BY- SANDY ASBACH SUB FOR- MMIS SERVICES PAGE- 6

ENTERED-06/10/03 PRIORITY- EST-DAYS-000 REQD
BEGIN-06/10/03 COMPLETE-10/24/03 CLOSE-

OL-VALID WITH PROCEDURE CODES A0426, A0429, A0433 RD-VALID WITH PROCEDURE CODES A0170, A0425-A0431, A0433-A0436 RE-VALID WITH PROCEDURE CODES A0170, A0425-A0431, A0433-A0436 RG-VALID WITH PROCEDURE CODES A0170, A0425-A0431, A0433-A0436 RH-VALID WITH PROCEDURE CODES A0170, A0425-A0431, A0433-A0436 RI-VALID WITH PROCEDURE CODES A0170, A0425-A0431, A0433-A0436 RJ-VALID WITH PROCEDURE CODES A0170, A0425-A0431, A0433-A0436 RN-VALID WITH PROCEDURE CODES A0170, A0425-A0431, A0433-A0436 RP-VALID WITH PROCEDURE CODES A0170, A0425-A0431, A0433-A0436, A5113, A5114 RX-VALID WITH PROCEDURE CODES A0170, A0425-A0431, A0433-A0436 SD-VALID WITH PROCEDURE CODES A0170, A0425-A0431, A0433-A0436 SE-VALID WITH PROCEDURE CODES A0170, A0425-A0431, A0433-A0436 SH-VALID WITH PROCEDURE CODES A0170, A0425-A0431, A0433-A0436 SN-VALID WITH PROCEDURE CODES A0170, A0425-A0431, A0433-A0436 SS-VALID WITH PROCEDURE CODES A0170, A0425-A0431, A0433-A0436 ST-VALID WITH PROCEDURE CODES A0170, A0425-A0431, A0433-A0436 SX-VALID WITH PROCEDURE CODES A0170, A0425-A0431, A0433-A0436

PLEASE ADD TO THE EXISTING CRITERIA FOR "P" MEDICAL VENDOR CLAIM TYPE WHEN BILLED WITH TYPE OF SERVICE "R":

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 79 RUN DATE 06/02/04

CSR LOG

NUMBER - 4414 SUB BY- SANDY ASBACH SUB FOR- MMIS SERVICES PAGE- 7

ENTERED-06/10/03 PRIORITY- EST-DAYS-000 REQD
BEGIN-06/10/03 COMPLETE-10/24/03 CLOSE-

RR-VALID WITH PROCEDURE CODE K0538-K0540, K0549-K0550

THIS HAS BEEN DISCUSSED WITH DON BOOGERD AND RANDY STAMP.

ADDENDUM AS OF JUNE 20, 2003

PLEASE MAKE THE FOLLOWING BOLDED CHANGE TO ADDED MODIFIERS IN EXCEPTION CODE 169

TG (COMPLEX HIGH LEVEL OF CARE), EFFECTIVE WITH DATES OF SERVICE 07/01/03, FOR TYPE OF SERVICE 3 (PHYSICIAN CLAIMS).

END THE FLOWING MODIFIER FOR EXCEPTION CODE 117 EFFECTIVE 10/15/03 DATE OF SERVICE.

5N (OVERTIME RATE)

ADD THE FOLLOWING MODIFIERS TO EXCEPTION CODE 117 (AS VALID, EFFECTIVE 10/15/03) DATE OF SERVICE.

TK (EXTRA PATIENT/PASSENGER)

 ${\tt TU \ (SPECIAL \ PAYMENT \ RATE, \ OVERTIME)}$

TV (SPECIAL PAYMENT RATE, HOLIDAY)

ADDENDUM AS OF JULY 30, 2003

PLEASE MAKE THE FOLLOWING CHANGE TO EXCEPTION CODE 169 (MODIFIER INVALID WITH PROCEDURE) FOR MODIFIER \mathtt{GT} :

GT(VIA INTERACTIVE AUDIO AND VIDEO TELECOMMUNICATIONS SYSTEM) EFFECTIVE WITH DATES OF SERVICE 09/01/03 FOR TYPE OF SERVICE 3(PHYSICIAN CLAIMS) FOR PROCEDURE CODES (90801,90804-90809,90862,99201-99215,99241-99275).

ADDENDUM AS OF AUGUST 14, 2003

PLEASE CHANGE BO-VALID WITH PROCEDURE CODES $\mathtt{B4150-B4155...}$ To:

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 80 RUN DATE 06/02/04

CSR LOG

NUMBER - 4414 SUB BY- SANDY ASBACH SUB FOR- MMIS SERVICES PAGE - 8

ENTERED-06/10/03 PRIORITY- EST-DAYS-000 REQD
BEGIN-06/10/03 COMPLETE-10/24/03 CLOSE-

B4150-B4156.

AND

GM MODIFIER VALID WITH 0005A AND 0006A.

THIS HAS BEEN DISCUSSED WITH RANDY STAMP.

ADDENDUM AS OF AUGUST 15, 2003

PLEASE CORRECT PROCEDURE CODE S5152 UNDER HD MODIFIER SECTION ON PAGE 2 OF THIS CSR TO PROCEDURE CODE S5125. ALSO, ADD PROCEDURE CODE T1017 TO BE VALID WITH MODIFIER SE ON PAGE 3.

ADDENDUM AS OF SEPTEMBER 11, 2003 -

PLEASE MAKE THE FOLLOWING CHANGES TO EXCEPTION CODE 117: EFFECTIVE DATE OF SERVICE 10/16/03, MODIFIERS X1-X9 WILL NO LONGER BE VALID MODIFIERS FOR MED VENDORS (TYPE OF SERVICE 9).

EFFECTIVE DATE OF SERVICE 10/1/03, MODIFIERS A1-A9 WILL BE VALID MODIFIERS FOR MED VENDORS (TYPE OF SERVICE 9).

PLEASE MAKE THE FOLLOWING CHANGES TO EXCEPTION CODE 169: EFFECTIVE DATE OF SERVICE 10/16/03, MODIFIERS X1-X9 WILL NO LONGER BE VALID WITH ANY OF THE LISTED CODES FOR MED VENDORS (TYPE OF SERVICE 9)

EFFECTIVE DATE OF SERVICE 10/1/03, MODIFIERS A1-A9 WILL BE VALID FOR MED VENDORS (TYPE OF SERVICE 9) WITH CODES: A4322,A4450,A4462,A4624, A4649,A6021-A6024,A6154,A6196-A6224,A6228-A6230,A6234-A6248,A6251-A6264,A6402-A6406,E1399,K0620 & S8431.

EFFECTIVE DATE OF SERVICE 10/1/03, PLEASE ADD THE FOLLOWING CODES TO BE VALID FOR MED VENDORS (TYPE OF SERVICE 9) WITH MODIFIER RP: V2020, 0516, V2025, & V5008-V5299, A4640 & E0182.

EFFECTIVE DATE OF SERVICE 10/1/03, PLEASE ADD THE FOLLOWING CODES TO BE VALID FOR MED VENDORS (TYPE OF SERVICE R) WITH MODIFIERS RR: V5050

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 81 RUN DATE 06/02/04

CSR LOG

NUMBER - 4414 SUB BY- SANDY ASBACH SUB FOR- MMIS SERVICES PAGE - 9

ENTERED-06/10/03 PRIORITY- EST-DAYS-000 REQD
BEGIN-06/10/03 COMPLETE-10/24/03 CLOSE-

& V5060.

EFFECTIVE DATE OF SERVICE 10/1/03, PLEASE ADD THE FOLLOWING CODES TO BE VALID FOR CROSSOVERS, O CLAIM TYPE (TYPE OF SERVICE R) WITH MODIFIER RR: K0538-K0540 & K0549-K0550.

PLEASE REMOVE THE FOLLOWING CODES AS VALID WITH MODIFIER TH FOR TYPE OF SERVICE 3: 99251-99255 AND 99261-99263

ADDENDUM AS OF SEPTEMBER 24, 2003:

PLEASE ADD THIS CRITERIA FOR THE FOLLOWING MODIFIERS TO EXCEPTION 169 (MODIFIER INVALID WITH PROCEDURE).

FOR DATES OF SERVICE OCTOBER 1, 2003 AND AFTER:

- * ALLOW MODIFIER TG VALID FOR PROCEDURES 0803H, 0805H, AND 0807H, IN PLACE OF SERVICE 9
- * ALLOW MODIFIER TD VALID FOR PROCEDURE 8928H, 8929H, 8932H, AND 8933H, IN PLACE OF SERVICE 9
- * ALLOW MODIFIER TE VALID FOR PROCEDURE 8930H, 8931H, 8934H, AND 8935H, IN PLACE OF SERVICE 9
- * ALLOW MODIFIER U8 VALID FOR PROCEDURE 0470M, IN PLACE OF SERVICE
- * ALLOW MODIFIER U9 VALID FOR PROCEDURE 0471M, IN PLACE OF SERVICE
- * ALLOW MODIFIER HE VALID FOR PROCEDURE 5988M, IN PLACE OF SERVICE $3 \,$

ADDENDUM AS OF OCTOBER 3, 2003

PLEASE ADD PROCEDURE CODE 0341M TO BE VALID WITH MODIFIER SE ON PAGE 3

ADDENDUM AS OF OCTOBER 23, 2003 BY DINEEN K -

PLEASE ADD CODES 1101V, 1125V & 1116V TO BE VALID FOR MED VENDOR (TYPE OF SERVICE 9) WITH MODIFIER RP.

THIS HAS BEEN DISCUSSED WITH DARIN MORIN.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 82 RUN DATE 06/02/04

CSR LOG

NUMBER - 4414 SUB BY-	SANDY ASBACH	SUB FOR- MMIS SERVICES	PAGE - 10
ENTERED-06/10/03	PRIORITY-	EST-DAYS-000	REQD-
BEGIN-06/10/03 COMPLETE	E-10/24/03 CLO	SE-	

SYSTEM SPECIFICATIONS:

- O MODIFY THE LOGIC OF BWPC2050 CONCERNING THE POSTING OF EXCEPTION 117 FOR THE MODIFIERS SPECIFIED IN THE CSR.
- O MODIFY THE LOGIC OF BWPC2050 CONCERNING THE POSTING OF EXCEPTION 169 FOR THE PROCEDURE CODE/MODIFIER COMBINATIONS SPECIFIED IN THE CSR.
- O $\,$ ADDED ALL THE DATES AND VALUES REQUIRED TO COMPLETE $\,$ THIS $\,$ CSR $\,$ TO BWWC2050.
- O $\,$ ALL ADDENDUMS TO THIS CSR WERE COMPLETED AND INSTALLED WITH THE ORIGINAL CSR.
- O RECOMPILE PROGRAMS BWSC2050 AND BWOC0034.
- O ADDENDUMS HAVE BEEN COMPLETED AS OF OCTOBER 16, 2003.
- O ADDENDUM FOR OCTOBER 23, 2003 WAS COMPLETED IN PRODUCTION.

06/10/03. ADDED - 179.

10/30/03. UPDATED - 158.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 83 RUN DATE 06/02/04

CSR LOG

NUMBER - 4415 SUB BY- SANDY ASBACH SUB FOR- MMIS SERVICES PAGE- 1

ENTERED-06/13/03 PRIORITY- EST-DAYS-000 REQD
BEGIN-06/13/03 COMPLETE-09/12/03 CLOSE-

DESCRIPTION: HIPAA - PLACE OF SERVICE CHANGES

STATUS:

REQUEST CONTROL NUMBER: 4528

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

PLEASE ADD THE FOLLOWING BOLDED PLACE OF SERVICE CODES TO THE EXISTING LIST OF VALID PLACE OF SERVICE CODES IN THE MMIS.
REFER TO THE BOLDED SHORT DESCRIPTION ON THE NATIONAL POS CODE SET ATTACHED.

03,04,05,06,07,08,11,12,13,14,15,20,21,22,23,24,25,26,31,32,33,34,41,42,49,50,51,52,53,54,55,56,57,60,61,62,65,71,72,81 AND 99.

THE FOLLOWING REQUEST REFERS ONLY TO THE RANGES OF CPT PROCEDURE CODES LISTED BELOW AND FOR TYPE OF SERVICE (3).

PLEASE REMOVE ALL OF THE 2 DIGIT PLACE OF SERVICE CODES FROM PAGE 02 ON THE PDDD FILE (05) SCREEN IN THE MMIS. THEN, USING PAGE 01 OF THE PDDD FILE MATCH THE 1 DIGIT PLACE OF SERVICE CODE (PDS) TO THE 2 DIGIT PLACE OF SERVICE CODE BELOW AND PLACE ON PAGE 02 OF THE PDDD FILE. 3 SAMPLES OF THE PDDD FILE WITH HIGHLIGHTED FIELDS ARE ATTACHED FOR REFERENCE.

00100-01999	10000-69999	70000-79999	80000-89399	90281-91299
92950-99199	99201-99499			

PAGE 01	PAGE 02	PAGE 01	PAGE 02
1	21,51	6	24
2	22,52	7	54
3	11,71,81	8	31,32
4	12	9	25,60,99
5	23		

THIS HAS BEEN DISCUSSED WITH RANDY STAMP.

ADDENDUM AS OF AUGUST 6, 2003

PLEASE BOLD PLACE OF SERVICE 60 IN THIS CSR AND ADD TO THE EXISTING LIST OF VALID PLACE OF SERVICE CODES IN THIS CSR.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 84 RUN DATE 06/02/04

CSR LOG

NUMBER - 4415 SUB BY-	SANDY ASBACH	SUB FOR- MMIS SERVICES	PAGE - 2
ENTERED-06/13/03	PRIORITY-	EST-DAYS-000	REQD-
BEGIN-06/13/03 COMPLET	E-09/12/03 CLC	 SE-	

THIS HAS BEEN DISCUSSED WITH DARIN MORIN.

SYSTEM SPECIFICATIONS:

TO COMPLETE THIS CSR THE FOLLOWING NEEDS TO BE DONE.

- 1. ADD THE THE SUPPLIED VALID VALUES TO DED 08578.
- 2. CREATE A SYSTEM UTILITY WHICH WILL CLEAR THE PLACE OF SERVICE 2 SEGMENT FROM THE PDD FILE AND REPOPULATE IT DEPENDING ON THE VALUES FOUND IN THE PLACE OF SERVICE SEGMENT FOR ALL VALID PROC CODES.

06/13/03. ADDED - 179.

09/12/03. UPDATED - 516.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 85 RUN DATE 06/02/04

CSR LOG

NUMBER - 4419 SUB BY- JULI	E HEATH	SUB FOR- MMIS	S SERVICES	PAGE-	1
ENTERED-06/23/03 PR		EST-DAYS-000		REQD -	
BEGIN-06/23/03 COMPLETE-01/		OSE-			
DESCRIPTION: NEW ADUL	T DENTAL E				
STATUS:					
REQUEST CONTROL NUMB	ER: 4533				
DESCRIPTION OF REQUE	ST: Y2K IM	IPACT: MAA: NO	CONSULTEC: NO		
DUE TO LEGISLATIVE B QUESTING A NEW EDIT DATES OF SERVICE ARE	TO POST ON	SERVICES NO LON	IGER COVERED FO		
IF PROVIDER TYPE 27 CIAN) (AFTER OCTOBER CODES ON A J CLAIM) ARE AUGUST 1, 2003 O POST THE NEW EDIT:	2003, ORA AND CLIENT	AL SURGEONS WILL IS AGE 21 OR OV	BE ABLE TO BII VER, AND DATE O	L SOME CI	PT ES
D0210 D0240 D0321		D2382 D2710 D2740			

D0210	D2382
D0240	D2710
D0321	D2740
D0330	D2750
D0460	D2751
D0501	D2752
D2110	D2910
D2120	D2920
D2130	D2930
D2336	D2931
D2380	D3220
D2381	D3320
D3330	D7140
D3351	D7220
D3352	D7230
D3410	D7240
D3421	D7241
D3425	D7250
D3426	D7 27 0

._____

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 86 RUN DATE 06/02/04

NUMBER - 4419	SUB BY- JULIE HEATH	SUB FOR- MMIS SERVICES	PAGE - 2
ENTERED-06/23/0	3 PRIORITY-	EST-DAYS-000	REQD -
BEGIN-06/23/03	COMPLETE-01/16/04 CL	OSE-	
D3430		D7280	
D3950		D7880	
D4210		D9230	
D5211		D9248	
D5212		D9610	
D5212		D9951	
D5213		11044	
5211D		20670	
5212D		20680	
5213D		21031	
5214D		21032	
D5410		40819	
D5411		41520	
D5421		41830	
D5422		41874	
D5510			
D5520			
0552D			
D5610			
D5630			
D5640			
0565D			
D5650			
D5660			
D5710			
D5711			
D5720			
D5721			
D5750			
D5751			
D5760			
D5761			
D5850			
D5851			
D5932			
0663D			
D6930			
∆DDEMDII	M AS OF JUNE 27, 2003		
ADDENDO	M AS OF UUNE 27, 2003		

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 87 RUN DATE 06/02/04

NUMBER - 4419 SUB BY-		SUB FOR- MMIS SERVICES	
ENTERED-06/23/03	PRIORITY-	EST-DAYS-000	REQD -
BEGIN-06/23/03 COMPLET	ΓE-01/16/04 CLC		
PLEASE ADD PRO	CECDURE CODE D58	360 TO THIS LIST.	
ADDENDUM AS OF	JULY 3, 2003		
BE DENIED FOR (LOWING PROCEDURE CODES ARE ADULT DENTAL PROGRAM EFFEC' AFTER:	
0552D			
0565D			
D0210			
D0330			
D5211			
D5211			
D5213			
D5214			
D5510			
D5520			
D5610			
D5630			
D5640			
D5650			
D5660			
D5750			
D5751			
D5760			
D5761			
D7220			
D7230			
D7240			
		OF THE PROCEDURE CODES THAT	T WE NOW DO
WANT TO POST TH	HE NEW EDIT:		
D0240	D5720		
D0321	D5721		
D0460	D5850		
D0501	D5851		

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 88
RUN DATE 06/02/04

		SUB FOR- MMIS SERVICES	
NTERED-06/23/0	3 PRIORITY-		REQD-
GIN-06/23/03	COMPLETE-01/16/04 CLO		
D2110	D5860		
D2120	D5932		
D2130	0663D		
D2336	D6930		
D2380	D7140		
D2381	D7241		
D2382	D7250		
D2710	D7270		
D2740	D7280		
D2750	D7880		
D2751	D9230		
D2752	D9248		
D2910	D9610		
D2920	D9951		
D2930	11044		
D2931	20670		
D3220 D3320	20680		
D3320 D3330	21031 21032		
D3351 D3352	40819 41520		
D3352	41830		
D3421	41874		
D3425	110,1		
D3425			
D3430			
D3950			
D4210			
5211D			
5212D			
5213D			
5214D			
D5410			
D5411			
D5421			
D5422			
D5710			
D5711			

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 89 RUN DATE 06/02/04

	- 4419 SUB BY- JULIE HEATH SUB FOR- MMIS SERVICES	PAGE - 5
ENTERED-	-06/23/03 PRIORITY- EST-DAYS-000	REQD-
BEGIN-06	6/23/03 COMPLETE-01/16/04 CLOSE-	
	ADDENDUM AS OF JULY 17, 2003	
	PLEASE REMOVE PROCEDURE CODES:	
	5213D	
	5214D D7280	
	D9230	
	FROM POSTING THE NEW EDIT.	
	ADDENDUM AS OF SEPTEMBER 19, 2003	
	PLEASE REMOVE PROCEDURE CODE D4210 FROM POSTING THIS EDIT.	
	ADDENDUM AS OF OCTOBER 20, 2003	
	PLEASE REMOVE PROCEDURE CODE D7140 FROM POSTING THIS EDIT.	
	ADDENDUM AS OF OCTOBER 22, 2003	
	PLEASE REMOVE PROCEDURE CODES:	
	D7250	
	D9248 20670	
	ADDENDUM AS OF DECEMBER 8, 2003	
	PLEASE REMOVE PROCEDURE CODE D7241 FROM POSTING THIS EDIT.	
	ADDENDUM AS OF DECEMBER 18, 2003	
	PLEASE REMOVE PROCEDURE CODE D5860 FROM POSTING THIS EDIT.	
	SYSTEM SPECIFICATIONS:	

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 90 RUN DATE 06/02/04

CSR LOG

NUMBER - 4419	SUB BY- JULIE HEATH	SUB FOR- MMIS SERVIC	ES PAGE - 6
ENTERED-06/23/03	PRIORITY-	EST-DAYS-000	REQD -
BEGIN-06/23/03	COMPLETE-01/16/04 CLO	SE-	

- O ADD LOGIC TO SECTION S380-MEDICAL-PRICING OF BWPC3550, WHICH WILL NOW POST THE NEW EXCEPTION (897) ESTABLISHED ABOVE.
- O ADD A NEW 88 LEVEL (WH-000-PROC-CD-POST-EXC-897) TO BWWC3550 WHICH WILL BE USED TO VALIDATE THE PROCEDURE CODES TO POST EXCEPTION 897.
- O ADD TWO NEW CONSTANTS TO BWWC3550 (WK-000-JULY-31-2003 AND WK-005-TWENTY).
- O CREATE A NEW EXCEPTION (WK-996-DENTAL-SVC-NOT-COVRED) AND ADD IT TO COPY MEMBER WK599650.
- O RECOMPILE PROGRAMS BWSC3550 AND BWOC0086.

ADDENDUM AS OF SEPTEMBER 19, 2003

- O REMOVE THE VALUE 'D4210' FROM WH-000-PROC-CD-POST-EXC-897 IN BWWC3550.
- O RECOMPILE PROGRAMS BWSC3550 AND BWOC0086.

ADDENDUM AS OF DECEMBER 8 AND DECEMBER 18, 2003

- O $\,$ UPDATE THE CSR LOG WITH THE REQUIREMENTS ANALYSIS FOR CSR4419.
- O UPDATE THE EXCEPTION TABLE DOCUMENTATION WITH THE UPDATED CRITERIA FOR EXCEPTION $897\,.$

06/23/03. ADDED - 179.

01/06/04. UPDATED - 158.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 91 RUN DATE 06/02/04

CSR LOG

NUMBER - 4430 SUB BY- JULIE HEATH SUB FOR- MMIS SERVICES PAGE- 1

ENTERED-06/30/03 PRIORITY- EST-DAYS-000 REQD
BEGIN-06/30/03 COMPLETE-08/01/03 CLOSE-

DESCRIPTION: HIPAA - EXCEPTION 483 CHANGES

STATUS:

REQUEST CONTROL NUMBER: 4545

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

IN ORDER TO IMPLEMENT THE CURRENT CDT PROCEDURE CODES FOR HIPAA, PLEASE MAKE THE FOLLOWING ADDITIONS TO EXCEPTION 483:

PROCEDURE CODE D2388 (RESIN BASED COMPOSITE, 4 OR MORE SURFACES, POSTERIOR PERMANENT) TO ONLY BE ALLOWABLE ON TOOTH NUMBERS 01 THROUGH 05, 12 THROUGH 21, 28 THROUGH 32.

PROCEDURE CODE D2390 (RESIN-BASED COMPOSITE CROWN, ANTERIOR) TO ONLY BE ALLOWABLE ON TOOTH NUMBERS C THROUGH H, M THROUGH R, 06 THROUGH 11, 22 THROUGH 27.

PROCEDURE CODES D2391, D2392, D2393, D2394 (RESIN BASED COMPOSITE RESTORATIONS, POSTERIOR) TO ONLY BE ALLOWABLE ON TOOTH NUMBERS A, B, I, J, K, L, S, T, 01 THROUGH 05, 12 THROUGH 21, AND 28 THROUGH 32.

PROCEDURE CODE D3346 (RETREATMENT OF PREVIOUS ROOT CANAL THERAPY - ANTERIOR) TO ONLY BE ALLOWABLE ON TOOTH NUMBERS 6 THROUGH 11 AND 22 THROUGH 27

PROCEDURE CODE D3347 (RETREATMENT OF PREVIOUS ROOT CANAL THERAPY - BICUSPID) TO ONLY BE ALLOWABLE ON TOOTH NUMBERS 04, 05, 12, 13, 20, 21, 28. AND 29.

PROCEDURE CODE D3348 (RETREATMENT OF PREVIOUS ROOT CANAL THERAPY - MOLAR) TO ONLY BY ALLOWABLE ON TOOTH NUMBERS 02, 03, 14, 15, 18, 19, 30, AND 31.

EFFECTIVE FOR DATE OF SERVICE OCT 16, 2003 AND AFTER, CHANGE PROCEDURE CODES D2140, D2150, D2160 AND D2161 (AMALGAM RESTORATIONS PRIMARY OR PERMANENT) TO BE ALLOWABLE ON TOOTH NUMBERS A THROUGH T AND 01 THROUGH 32.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 92 RUN DATE 06/02/04

CSR LOG

NUMBER - 4430 SUB BY-	JULIE HEATH	SUB FOR- MMIS SERVICES	PAGE - 2
ENTERED-06/30/03	PRIORITY-	EST-DAYS-000	REQD-
BEGIN-06/30/03 COMPLET	E-08/01/03 CLO	SE-	

SYSTEM SPECIFICATIONS:

- O ADD TWO NEW CONSTANTS WK-000-OCT-15-2003 AND WK-000-OCT-16-2003 TO BWWC3550.
- O ADD PROCEDURE CODES D2388 D2390 D2391 D2392 D2393 D2394 D3346 D3347 AND D3348 TO WT-001B-RESTRICTED-PROCS OF BWWC3550.
- O BUMP THE OCCURS OF WT-001B-RESTRICTED-PROCS UP TO 255 FROM 246 IN BWWC3550.
- O ADD PROCEDURE CODES D2388 D2390 D2391 D2392 D2393 D2394 D3346 D3347 AND D3348 TO WT-006-TOOTH-PROCS WITH THE CORRESPONDING VALID TOOTH NUMBERS IN BWWC3550.
- O BUMP THE OCCURS OF WT-006-TOOTH-PROCS UP TO 255 FROM 246 IN BWWC3550.
- O CREATE A NEW TABLE (WT-007-TOOTH-PROCS) IN BWWC3550, WHICH WILL BE USED FOR FDOS 10/16/2003 AND AFTER.
- O ADD LOGIC TO SECTION S810-123-PROC-CODE-TOOTH-NO OF BWPC3550 WHICH WILL USE TABLE WT-006 FOR FDOS 11/01/02 10/15/03 OR TABLE WT-007 FOR FDOS 10/16/03 OR AFTER TO PROCESS THE EDITS.
- O ADD SUB-SECTION S810-124-TOOTH-POST-10-16-03 TO BWPC3550, WHICH WILL PROCESS TABLE WT-007.
- O RECOMPILE PROGRAMS BWSC3550 AND BWOC0086.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 93 RUN DATE 06/02/04

NUMBER - 4430 SUB BY-		SUB FOR- MMIS SERVICES	PAGE - 3
ENTERED-06/30/03	PRIORITY-	EST-DAYS-000	REQD -
BEGIN-06/30/03 COMPLE	TE-08/01/03 CL		
06/30/03. ADDE			
07/30/03. UPDAT	TED - 158.		

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 94 RUN DATE 06/02/04

/30/03	PRIORITY-	EST-DAYS-000	REQD-	
	- DENTAL CODI	E CROSSWALK		
rus:				
QUEST CONTROL NUM	MBER: 4536			
CRIPTION OF REQU	JEST: Y2K IMI	PACT: MAA: NO CONSU	TEC: NO	
PROCEDURE CODES NT DATE TO DETERI DURE CODE FOR BAI	FOR HIPAA, MINE WHETHER NDING, OR TO	WE WILL NEED TO USE TO TO CROSSWALK TO THE S	HE APPLIANCE PLACE- STATE ASSIGNED PRO-	
010 020 030 070 080				
WOULD LIKE TO HA	AVE THIS COM	PLETE BY OCTOBER 16,	2003.	
DENDUM AS OF AUGI	JST 13, 2003			
PLACED BY PROCESS ON THE FOLLOWING	SING PROCEDU PROCESSING I	RE CODES. PLEASE HAVI PROCEDURE CODES ARE PI	E THE NEW EDIT (1003) POS RESENT AND NO APPLIANCE	
40D 41D 43D 44D 58D 59D 72D 73D				
	1435 SUB BY- JUI 1/30/03 I 1/30/03 I 1/30/03 I 1/30/03 I 1/30/03 I 1/30/03 COMPLETE-08 1/30/03 COMPLETE-08 1/30/03 COMPLETE-08 1/30/03 COMPLETE-08 1/30/03 COMPLETE-08 1/30/07/07/07/07/07/07/07/07/07/07/07/07/07	1435 SUB BY- JULIE HEATH 130/03 PRIORITY- 170/03 COMPLETE-08/29/03 CLOS 170/15 PRIORITY- 170/03 COMPLETE-08/29/03 CLOS 170/15 PRIORITY- 170/03 COMPLETE-08/29/03 CLOS 170/15 PRIORITY- 170/15 PRI	PRIORITY- EST-DAYS-000 PRIORI	PRIORITY- EST-DAYS-000 REQD- 230/03 COMPLETE-08/29/03 CLOSE- 230/03 COMPLETE-08/29/03 CLOSE- 230/03 COMPLETE-08/29/03 CLOSE- 240/03 COMPLETE-08/29/03 CLOSE- 250/04 PROCEDITY- EST-DAYS-000 REQD- 250/05 PREADLISH A NEW EDIT WHICH WILL POST WHEN THE FOLLOWING PROCE- 250/05 PROCEDITY- EST-DAYS-000 PROCEDURE PRO- 250/05 PROCEDITY- EST-DAYS-000 PROCEDITY- EST-DAYS-000 PROCEDITY- ST-DAYS-000 PROCEDITY- EST-DAYS-000 PR

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 95 RUN DATE 06/02/04

CSR LOG

NUMBER - 4435 SUB BY-	JULIE HEATH	SUB FOR- MMIS SERVICES	PAGE – 2
ENTERED-06/30/03	PRIORITY-	EST-DAYS-000	REQD-
BEGIN-06/30/03 COMPLET	E-08/29/03 CLC	OSE-	

SYSTEM SPECIFICATIONS:

- O ADD LOGIC TO SUBSECTION S810-120-DENTAL-EDITS OF BWPC3550 TO POST THE NEW EXCEPTION (1003).
- O ADD A NEW 88 LEVEL (WH-000-POST-EXC-1003-PROC-CD) TO BWWC3550.
- O ADD A NEW EXCEPTION (WK-996-CLM-REQ-APPLIANCE-DATE NUMBER 1003) TO COPY WK599650.
- O RECOMPILE PROGRAMS BWSC3550 AND BWOC0086.

ADDENDUM AS OF AUGUST 13, 2003

- O MODIFY THE VALUES OF WH-000-POST-EXC-1003-PROC-CD TO REFLECT THE ABOVE REQUEST.
- O ADD A DATE CHECK TO THE LOGIC PREVIOUSLY ADDED IN SECTION $\$810\mbox{-}120\mbox{-}\text{DENTAL-EDITS}$ OF BWPC3550 .
- O RECOMPILE PROGRAMS BWSC3550 AND BWOC0086.

06/30/03. ADDED - 179.

08/14/03. UPDATED - 158.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 96
RUN DATE 06/02/04

CSR LOG

NUMBER - 4437 SUB BY- TRINA HOGAN SUB FOR- MMIS SERVICES PAGE - 1

ENTERED-07/15/03 PRIORITY- EST-DAYS-000 REQD
BEGIN-07/15/03 COMPLETE-12/12/03 CLOSE-

DESCRIPTION: HIPAA - MEDICARE POS CONVERSION

STATUS:

REQUEST CONTROL NUMBER: 4551

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

PLEASE ADD THE FOLLOWING CRITERIA FOR THE EXHIBIT D, MEDICARE PART B CROSSOVER CODE CONVERSION TABLE FOR PROGRAM ID.BWMC1004 (BLUE CROSS BLUE SHIELD).

FOR THE DATE OF SERVICE 10/16/2003 and after, bypass the Medicare field "place of service" conversion instructions per hipaa. All dates of service prior to 10/16/2003 will continue to utilize the Medicare field "place of service" conversion criteria.

CSR #4422 (SEE ATTACHED) SUBMITTED BY SANDY ASBACH AS OF 06/30/2003 WILL CONTROL THE TWO DIGIT "PLACE OF SERVICE" FOR SITE OF SERVICE PAYMENT CRITERIA

ADDENDUM AS OF OCTOBER 27, 2003 (DEBBIE C.)

PLEASE ADD THE FOLLOWING CRITERIA FOR THE EXHIBIT D, MEDICARE PART B CROSSOVER CODE CONVERSION TABLE FOR PROGRAM ID BWMC1003 (CIGNA):

FOR DATES OF SERVICE 10/16/03 AND AFTER, BYPASS THE MEDICARE FIELD "PLACE OF SERVICE" CONVERSION INSTRUCTIONS PER HIPAA. ALL DATES OF SERVICE PRIOR TO 10/16/03 WILL CONTINUE TO UTILIZE THE MEDICARE FIELD "PLACE OF SERVICE" CONVERSION CRITERIA.

ADDENDUM AS OF NOVEMBER 4, 2003 (DEBBIE COVERDELL)

FOR DATES OF SERVICE OCTOBER 1, 2003 AND AFTER CHANGE THE CRITERIA FROM "PROCEDURE CODE MODIFIER 1, 2, OR 3 EQUAL TO BP OR NU CONVERTED TO STATE CODE 1P-DME PURCHASE" TO "PROCEDURE CODE MODIFIER 1, 2, OR 3 EQUAL TO BP OR NU CONVERTED TO STATE CODE NU."

SYSTEM SPECIFICATIONS:

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 97 RUN DATE 06/02/04

CSR LOG

NUMBER - 4437 S	UB BY- TRINA HOGAN	SUB FOR- MMIS SERVICES	PAGE – 2
ENTERED-07/15/03	PRIORITY-	EST-DAYS-000	REQD-
BEGIN-07/15/03 C	OMPLETE-12/12/03 CLO	SE-	

- O ADD LOGIC TO SECTION S350-000-CONVERT-PLACE-SERVICE OF BWMC1004 WHICH WILL NOW BYPASS THE PLACE OF SERVICE CONVERSION STEPS IF THE FIRST DATE OF SERVICE IS GREATER THAN OCTOBER 15, 2003.
- O ADD A NEW CONSTANT (WK-000-OCT-15-2003) TO BWMC1004 TO HOLD THE CENTURY DATE VALUE FOR OCTOBER 15, 2003.
- O ADD A NEW CONSTANT (WK-100-OCT-15-2003) TO BWME5000 TO HOLD THE CENTURY DATE VALUE FOR OCTOBER 15, 2003.
- O ADD LOGIC TO SECTION S309-EMC-D1-RECORD OF BWME5000 TO BYPASS THE PLACE OF SERVICE CONVERSION STEPS IF THE FIRST DATE OF SERVICE IS GREATER THAN OCTOBER 15, 2003.
- O RECOMPILE PROGRAMS BWMC1004 AND BWME5000.

ADDENDUM AS OF OCTOBER 27, 2003 (DEBBIE COVERDELL)

- O ADD LOGIC TO SECTION S350-000-CONVERT-PLACE-SERVICE OF BWMC1003 WHICH WILL NOW BYPASS THE PLACE OF SERVICE CONVERSION STEPS IF THE FIRST DATE OF SERVICE IS GREATER THAN OCTOBER 15, 2003.
- O ADD A NEW CONSTANT (WK-000-OCT-15-2003) TO BWMC1003 TO HOLD THE CENTURY DATE VALUE FOR OCTOBER 15, 2003.
- O RECOMPILE PROGRAM BWMC1004.

ADDENDUM AS OF NOVEMBER 04, 2003 (DEBBIE COVERDELL)

- O ADD LOGIC TO SECTION S380-000-CONVERT-MODIFIER OF BWMC1003 WHICH WILL NOW COVERT MODIFIERS 'BP' AND 'NU' TO '1P' IF THE FIRST DATE OF SERVICE IS LESS THAN OCTOBER 01, 2003 OR CONVERT MODIFIERS 'BP' AND 'NU' TO MODIFIER 'NU' IF THE FIRST DATE OF SERVICE IS GREATER THAN OR EQUAL TO OCTOBER 01, 2003.
- O ADD A NEW CONSTANT (WK-005-OCT-01-2003) TO BWMC1003 TO HOLD THE CENTURY DATE VALUE FOR OCTOBER 01, 2003.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 98 RUN DATE 06/02/04

	PAGE -	3
ENTERED-07/15/03 PRIORITY- EST-DAYS-000	REQD-	
BEGIN-07/15/03 COMPLETE-12/12/03 CLOSE-		
O RECOMPILE PROGRAM BWMC1004.		
07/15/03. ADDED - 179.		
12/04/03. UPDATED - 158.		

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 99 RUN DATE 06/02/04

CSR LOG

NUMBER - 4445 SUB BY- CATHIE OTT SUB FOR- NORMA LEAVITT PAGE - 1

ENTERED-07/22/03 PRIORITY-3 EST-DAYS-000 REQD
BEGIN-07/22/03 COMPLETE- CLOSE-

DESCRIPTION: CHAMPUS BILLING FILE CHANGES

STATUS: IN PROCESS

REQUEST CONTROL NUMBER: 4560

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

IN ORDER TO BILL CAMPUS (H150) PRESCRIPTION CLAIMS THAT ARE OVERRIDDEN BY PROVIDER, PLEASE CHANGE THE CII INDICATOR TO "T", AND GENERATE A FILE OF THESE CLAIMS, MONTHLY TO EBIN31.

PHARMACY CLAIMS, FOR CLIENTS WITH AN ACTIVE H150 TPL COVERAGE THAT ARE OVERRIDDEN WITH A "4" IN POS AND SHOW AN ITA INDICATOR OF "7" IN MMIS SHOULD BE PULLED INTO THE BILLING FILE.

THESE CLAIMS SHOULD BE EXCLUDED FROM NORMAL CII GENERATION, INCLUDING BYPASSING THE 120 DAY 2ND COPY B GENERATION, AND BYPASSING PRINTING ON THE BWMT1450-R001 REPORT.

PURGE CRITERIA FOR THESE CLAIMS, IF NO ACTION HAS BEEN TAKEN IN THE BILLING FILE SHOULD BE 18 MONTHS FROM THE DATE ADDED.

WE WOULD LIKE TO HAVE THIS CHANGE MADE BY SEPTEMBER 30,2003.

THIS HAS BEEN DISCUSSED WITH DON BOOGERD.

ADDENDUM AS OF FEBRUARY 6,2004

TRICARE BILLING REQUEST: MAA

PHARMACY CLAIMS, FOR CLIENTS WITH H150 TPL COVERAGE THAT ARE OVER-RIDDEN WITH 2,3 OR 4 IN THE POS AND SHOW AN ITA INDICATOR OR G,6 OR 7 IN THE MMIS SHOULD BE PULLED INTO THE BILLING FILE FOR DATES OF SERVICE 040103 THRU 101503.

PHARMACY CLAIMS, FOR CLIENTS WITH $\rm H150$ TPL COVERAGE THAT ARE OVERRIDDEN WITH A 3,7 OR 8 IN THE POS SHOULD BE PULLED INTO THE BILLING

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 100 RUN DATE 06/02/04

NUMBER - 4445 SUB BY- CATHIE OTT SUB FOR- NORMA LEAVITT PAGE- 2
ENTERED-07/22/03 PRIORITY-3 EST-DAYS-000 REQD-
BEGIN-07/22/03 COMPLETE- CLOSE-
FILE FOR DATES OF SERVICE 101603 THRU INFINITUM.
BILLING THRESHOLD OF \$5.00 FOR MAA REIMBURSABLE AMOUNT.
WE WOULD LIKE TO HAVE THESE CHANGES BE EFFECTIVE BY FEBRUARY 29,2004.
SYSTEM SPECIFICATIONS:
07/22/03. ADDED - 179.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 101 RUN DATE 06/02/04

CSR LOG

NUMBER - 4450 SUB BY- JOHNA LITTLE SUB FOR- CATHIE OTT PAGE- 1

ENTERED-08/04/03 PRIORITY- EST-DAYS-000 REQD
BEGIN-08/04/03 COMPLETE-09/19/03 CLOSE-

DESCRIPTION: CHANGES TO BWMS7700-R001

STATUS:

REQUEST CONTROL NUMBER: 4567

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

SURS AUDITOR'S SAMPLE GREEN BAR REPORT: BWMS7700-R001

IN THIS REPORT THE PAGE NUMBER IS NOT RESET TO START WITH 1 WHEN THE REQUESTOR ID'S CHANGES. IF SEVERAL AUDITORS REQUEST SAMPLES AT THE SAME TIME, ONLY THE FIRST WILL GET HIS/HER REPORT STARTING WITH PAGE #1, THE OTHERS WILL NOT. THEY ARE REQUESTING TO HAVE THIS PROBLEM CORRECTED.

EXAMPLES PROVIDED.

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT CATHIE OTT AT 725-2116.

SYSTEM SPECIFICATIONS:

CODE WAS ADDED TO PROGRAM BWMS7700 TO RESET THE PAGE COUNTER WHEN THERE IS A CHANGE IN REQUESTOR.

08/04/03. ADDED - 179.

09/19/03. UPDATED - 521.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 102 RUN DATE 06/02/04

CSR LOG

NUMBER - 4451 SUB BY- JOHNA LITTLE SUB FOR- MMIS SERVICES PAGE- 1

ENTERED-08/04/03 PRIORITY- EST-DAYS-000 REQD
BEGIN-08/04/03 COMPLETE-04/09/04 CLOSE-

DESCRIPTION: NEW EDIT FOR NDC ON MED CLMS

STATUS:

REQUEST CONTROL NUMBER: 4568

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

PLEASE POST A NEW EDIT IN MMIS, EFFECTIVE FOR DATES OF SERVICE 10/16/03 AND AFTER IF THE NDC FIELD ON PHYSICIAN OR MEDICAL VENDOR CLAIMS IS BLANK OR DOESN'T CONTAIN A VALID NDC NUMBER FOR THE PROCEDURE CODES (P-PROC FIELD) LISTED BELOW. WHEN CHECKING VALIDITY USE THE "DRUG FILE" ON THE PDDD FILE (SCREEN5) IN MMIS TO VERIFY THE NDC IS VALID AND CURRENT. THIS NEW EDIT WILL BE SET TO AUTO-DENY.

J0000-J1800,J1815-J3490,J3530,J3535,J7030-J7302,J7310-J7320,,J7507-J7599, J7608-J7999,J8510-J8700,J9000-J9999 OR;

Q0136-Q0181,Q0187,Q2001-Q2022,Q3000-Q3012,Q3025,Q9920-Q9940 OR;

 $\tt S0079,S0088,S0091-S0093,S0104-S0114,S0130,S0135,S0155-S0157,S0170-S0191,S4993.$

THIS HAS BEEN DISCUSSED WITH BRIAN HERSETH.

ADDENDUM AS OF AUGUST 4, 2003 - PLEASE ADD PROCEDURE CODES S0077, S4989 AND S5011 TO POST THE NEW EXCEPTION IF THERE ISN'T A VALID OR CURRENT NDC NUMBER IN THE NDC FIELD OR THE NDC FIELD IS BLANK.

ADDENDUM AS OF SEPTEMBER 16, 2003 - PLEASE POST THIS EXCEPTION FOR DATES OF SERVICE 10/16/03 AND AFTER IF THE NDC FIELD ON OUTPATIENT CLAIMS (M CLAIM TYPE) FOR PROVIDER TYPE 62 (KIDNEY CENTERS) IS BLANK OR DOESN'T CONTAIN A VALID NDC NUMBER FOR THE PROCEDURE CODES AND REVENUE CODES BELOW.

PROCEDURE CODES: J0280-J3490

REVENUE CODES: 634 & 635.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 103 RUN DATE 06/02/04

CSR LOG

NUMBER - 4451 SUB BY- JOHNA LITTLE SUB FOR- MMIS SERVICES PAGE - 2

ENTERED-08/04/03 PRIORITY- EST-DAYS-000 REQD
BEGIN-08/04/03 COMPLETE-04/09/04 CLOSE
ADDENDUM AS OF OCTOBER 1, 2003-

PLEASE CHANGE THE ABOVE PROCEDURE CODES, J0280-J3490, AND REVENUE CODES, 634 & 635, FOR PROVIDER TYPE 62 TO AN "OR" INSTEAD OF AN "AND".

ADDENDUM AS OF OCTOBER 13, 2003 (JULIE HEATH)

PLEASE BYPASS IF PROCEDURE CODE J3490 AND IF NDC IS EITHER:

00062 1920 24 ORTHO EVRA CLINIC PACK 00052 0273 12 NUVARING CLINIC PACK

ADDENDUM AS OF OCTOBER 30, 2003 (JULIE HEATH)

PLEASE BYPASS THE FOLLOWING NDC CODES:

ADDENDUM AS OF NOVEMBER 10, 2003 (JULIE HEATH)

THIS LOGIC SHOULD REPLACE THE ADDENDUMS OF OCTOBER 13, 2003 AND OCTOBER 30, 2003 WHERE WE ASKED TO BYPASS BY NDC CODE.

PLEASE BYPASS IF BILLING PROVIDER IS PROVIDER TYPE 71 (FAMILY PLANNING CLINIC) AND THE NDC CODE IS OTHER THAN 00000-0000-00.

ADDENDUM AS OF DECEMBER 05, 2003 (JOHNA LITTLE)

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 104 RUN DATE 06/02/04

CSR LOG

NUMBER - 4451 SUB BY-	JOHNA LITTLE	SUB FOR- MMIS SERVICES	PAGE - 3
ENTERED-08/04/03	PRIORITY-	EST-DAYS-000	REQD -
BEGIN-08/04/03 COMPLETE	E-04/09/04 CLO	SE-	

PER DOUG PORTER WE NEED TO REMOVE PROCEDURE CODES J9000 THROUGH J9998 FROM THE CRITERIA OF EXCEPTION CODE 1004 (PROCEDURE CODE REQUIRES NDC) SO IT WON'T POST AT ALL. WHEN THIS IS COMPLETED WE WILL DO A MASS ADJUSTMENT TO PROCESS ANY CLAIMS FOR PROCEDURE CODES J9000 THROUGH J9998 THAT HAVE BEEN DENIED ON EXCEPTION 1004.

ADDENDUM AS OF JANUARY 6, 2004 (SHELLEY MCDERMOTT)

PLEASE BYPASS EXCEPTION 1004 FOR PROVIDER TYPE 71 (FAMILY PLANNING CLINIC).

THIS HAS BEEN DISCUSSED WITH DARIN MORIN.

ADDENDUM AS OF JANUARY 13, 2004 (SANDY ASBACH)

PLEASE REMOVE PROCEDURE CODES Q3000 THROUGH Q3012 (SUPPLY OF RADIO-PHARMACEUTICAL DIAGNOSTIC IMAGING AGENTS). THIS IS PER REVIEW AND DISCUSSION AFTER PROVIDERS INDICATION THAT THE A AND Q CODES FOR THE ABOVE DESCRIPTION ARE COMPOUNDED.

THIS HAS BEEN DISCUSSED WITH DARIN MORIN.

ADDENDUM AS OF FEBRUARY 6, 2004

PER A CONVERSATION WITH DARIN MORIN AT ACS, MMIS IS CURRENTLY LOOKING AT THE OBSOLETE DATE ON THE PDDD, DRUG REFERENCE FILE IN THE MMIS IN ORDER TO VALIDATE CRITERIA USED TO PROCESS EXCEPTION 1004 (PROCEDURE/REV CODE REQUIRES NDC). IN ORDER TO ACHIEVE APPROPRIATE VALIDATION, EFFECTIVE IMMEDIATELY, MMIS SHOULD MIMIC PBM AND ADD 2 YEARS TO THE OBSOLETE DATE IN MMIS. THIS WILL BE CONSISTENT TO CLAIMS PROCESSED THROUGH THE POS USING THE DRUG TERM DATE.

SEE ATTACHED SAMPLE OF CLAIM AND PRINT OF THE CURRENT DRUG REFERENCE FILE AND DRUG DISPLAY SCREEN.

THIS HAS BEEN DISCUSSED WITH DARIN MORIN.

ADDENDUM AS OF APRIL 7, 2004 (ALLON PETERMAN)

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 105 RUN DATE 06/02/04

CSR LOG

NUMBER - 4451 SUB BY-		SUB FOR- MMIS SERVICES	PAGE - 4	
ENTERED-08/04/03	PRIORITY-	EST-DAYS-000	REQD -	
BEGIN-08/04/03 COMPLET	TE-04/09/04 CLO	SE-		

PLEASE CHANGE THE PROCEDURE CODE LIST TO ONLY AFFECT THE FOLLOWING TWO PROCEDURE CODES:

J9999 (NOT OTHER WISE CLASSIFIED, ANTINEOPLASTIC) J3490 (UNCLASSIFIED DRUGS)

THIS HAS BEEN DISCUSSED WITH DARIN MORIN.

SYSTEM SPECIFICATIONS:

- O ADD LOGIC TO BWSC3550 (S941) WHICH WILL BE USED TO READ THE PDDD BASED OFF OF THE DRUG MASTER RECORD.
- O ADD LOGIC TO BWOC0086 (S941) WHICH WILL BE USED TO READ THE PDDD BASED OFF OF THE DRUG MASTER RECORD.
- O ADD LOGIC TO BWSC3530 (S941) WHICH WILL BE USED TO READ THE PDDD BASED OFF OF THE DRUG MASTER RECORD.
- O ADD LOGIC TO BWOC0087 (S941) WHICH WILL BE USED TO READ THE PDDD BASED OFF OF THE DRUG MASTER RECORD.
- O ADD LOGIC TO SECTION S300-010-DISP-SHARE-CLM-CHK OF BWPC3530 WHICH WILL NOW PERFORM SECTIONS S307 AND S308 AND POST EXCEPTION 1004 IF THE CRITERIA ESTABLISHED BY THE STATE HAS BEEN MET.
- O ADD LOGIC TO SECTION S300-MEDICAL-PRICING OF BWPC3550 WHICH WILL NOW PERFORM SECTION S307 AND POST EXCEPTION 1004 IF THE CRITERIA ESTABLISHED BY THE STATE HAS BEEN MET
- O ADD ALL THE HOLD AREAS, CONSTANT AND SWITCHES TO BOTH BWWC3530 AND BWWC3550 THAT WILL BE NEEDED TO POST THE NEW EXCEPTION.
- O CREATE A NEW EXCEPTION (WK-996-INVALID-MISSING-NDC-NUM) AND ADDED IT TO COPY MEMBER WK599650.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 106 RUN DATE 06/02/04

CSR LOG

NUMBER - 4451 SUB BY-	JOHNA LITTLE	SUB FOR- MMIS SERVICES	PAGE – 5
ENTERED-08/04/03	PRIORITY-	EST-DAYS-000	REQD -
BEGIN-08/04/03 COMPLETE	E-04/09/04 CLO	SE-	

- O MAKE AND ADD SYSTEM CHANGE TO FID 15002, TO CREATE A NEW VARIENT (25002).
- O RECOMPILE PROGRAMS BWSC3550, BWSC3530 BWOC0086 AND BWOC0087.

ADDENDUM AS OF OCTOBER 13, 2003 (JULIE HEATH)

- O ADD LOGIC TO SECTION S307-POST-EXC-1004 OF BWPC3550 TO BYPASS THE POSTING OF EXCEPTION 1004.
- O ADD LOGIC TO SECTION S308-SPIN-NDC-NUMBERS OF BWPC3530 TO BY-PASS THE POSTING OF EXCEPTION 1004.
- O ADD TWO NEW CONSTANTS (WK-000-ORTHO-EVRA-CLINC-PACK AND WK-000-NUVARING-CLINC-PACK) TO BWWC3530 AND BWWC3550, WHICH WILL HOLD THE VALUES 00062 1920 24 AND 00052 0273 12 RESPECTIVELY.
- O ADD A NEW 88 LEVEL (WK-011-SPEC-J3490-NDC-BYPASS) TO BWWC3530 AND BWWC3550 WHICH WILL HOLD THE VALUE FOR PROCEDURE CODE 'J3490'.
- O RECOMPILE PROGRAMS BWSC3550, BWSC3530 BWOC0086 AND BWOC0087.

ADDENDUM AS OF NOVEMBER 10, 2003 (JULIE HEATH)

- O REMOVE THE LOGIC IN SECTION S308-SPIN-NDC-NUMBERS OF BWPC3530 THAT BYPASSED THE POSTING OF EXCEPTION 1004 IF THE PROCEDURE CODE IS EQUAL TO 'J3490' AND THE NDC IS EQUAL TO 00062 1920 24 OR 00052 0273 12.
- O REMOVE THE LOGIC IN SECTION S307-POST-EXC-1004 OF BWPC3550 THAT BYPASSED THE POSTING OF EXCEPTION 1004 IF THE PROCEDURE CODE IS EQUAL TO 'J3490' AND THE NDC IS EQUAL TO 00062 1920 24 OR 00052 0273 12.
- O ADDED LOGIC TO SECTION \$307-POST-EXC-1004 OF BWPC3550 THAT WILL NOW BYPASS THE POSTING OF EXCEPTION 1004 IF THE BILLING

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 107 RUN DATE 06/02/04

CSR LOG

NUMBER - 4451 SUB BY- JOHNA LITTLE SUB FOR- MMIS SERVICES PAGE- 6

ENTERED-08/04/03 PRIORITY- EST-DAYS-000 REQD
BEGIN-08/04/03 COMPLETE-04/09/04 CLOSE-

PROVIDER TYPE IS EQUAL TO '71' AND THE NDC $% \left(1\right) =0$ IS NOT EQUAL TO 00000 0000 00.

- O ADD TWO NEW CONSTANTS (WK-000-BYPASS-NDC-NUM-ZEROS AND WK-000-BYPASS-NDC-NUM-ZEROS-1) TO BWWC3550, WHICH WILL HOLD THE VALUES ' 00000000000' AND '0000000000' RESPECTIVELY.
- O RECOMPILE PROGRAMS BWSC3550, BWSC3530 BWOC0086 AND BWOC0087.

ADDENDUM AS OF DECEMBER 05, 2003 (JOHNA LITTLE)

- O REMOVE THE VALUES J9000 J9998 FROM WK-011-CHECK-NDC-NUM-PROC-CD IN BWWC3550.
- O RECOMPILE PROGRAMS BWSC3550 AND BWOC0086.

ADDENDUM AS OF JANUARY 06, 2004 (CATHIE OTT)

- O MODIFY THE LOGIC IN SECTION S307-POST-EXC-1004 OF BWPC3550 TO LONGER CHECK THE NDC NUMBER WHEN BYPASSING EXCEPTION 1004 FOR PROVIDER TYPE '71'.
- O RECOMPILE PROGRAMS BWSC3550 AND BWOC0086.

ADDENDUM AS OF JANUARY 13, 2004 (SANDY ASBACH)

- O REMOVE THE VALUES Q3000-Q3012 FROM WK-011-CHECK-NDC-NUM-PROC-CD IN BWWC3550.
- O RECOMPILE PROGRAMS BWSC3550 AND BWOC0086.

ADDENDUM AS OF FEBRUARY 06, 2004 (SANDY ASBACH)

- O ADD LOGIC IN BWPC3550 TO ADD +730 TO W2500231-OBSOLETE-DATE GIVING WH-002-OBS-DATE-PLUS-2-YRS, THIS NEW DATE WILL BE USED IN THE POSTING OF EXCEPTION 1004.
- O ADD A NEW HOLD AREA (WH-002-OBS-DATE-PLUS-2-YRS) WHICH WILL BE USED TO HOLD THE TEMPORARY TERMINATION DATE FOR EXCEPTION

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 108 RUN DATE 06/02/04

NUMBER - 4451 SUB BY- JOHNA LITTLE SUB FOR- MMI:	
NTERED-08/04/03 PRIORITY- EST-DAYS-000	REQD-
BEGIN-08/04/03 COMPLETE-04/09/04 CLOSE-	
1004.	
O RECOMPILE PROGRAMS BWSC3550 AND BWOC0086	
08/04/03. ADDED - 179.	
02/11/04. UPDATED - 158.	

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 109 RUN DATE 06/02/04

CSR LOG

NUMBER - 4453 SUB BY- SANDY ASBACH SUB FOR- MMIS SERVICES PAGE- 1

ENTERED-08/04/03 PRIORITY- EST-DAYS-000 REQD
BEGIN-08/04/03 COMPLETE-09/12/03 CLOSE-

DESCRIPTION: CHANGES TO EXCEPTION 226

STATUS:

REQUEST CONTROL NUMBER: 4563

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

PLEASE ADD THE FOLLOWING CRITERIA TO EXCEPTION CODE 226 (PROCEDURE RE-REOUIRES MODIFIER).

IF THE CLAIM TYPE IS J (PHYSICIAN), THE TYPE OF SERVICE IS (3), THE PROCEDURE CODE IS T1001 (NURSING ASSESSMENT WITH OB SERVICE) AND THE MODIFIER TH IS NOT PRESENT ON THE DETAIL LINE, THEN POST EXCEPTION 226.

THIS HAS BEEN DISCUSSED WITH RANDY STAMP.

SYSTEM SPECIFICATIONS:

- O ADD A NEW 88 LEVEL (WK-156-PRC-CD-MOD-TH-EXC-226) TO BWWC2050 WHICH WILL HOLD THE VALUE 'T1001'.
- O ADD LOGIC TO SECTION S340-000-EDIT-LINE-ITEM OF BWPC2050 WHICH WILL CHECK FOR THE ABOVE STATED CRITERIA AND DETERMINE IF EXCEPTION 226 SHOULD BE POSTED.
- O RECOMPILE PROGRAMS BWSC2050 AND BWOC0034.

08/04/03. ADDED - 179.

09/03/03. UPDATED - 158.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 110 RUN DATE 06/02/04

CSR LOG

NUMBER - 4460 SUB BY- SANDY RICCOLO SUB FOR- MMIS PAGE- 1

ENTERED-08/12/03 PRIORITY- EST-DAYS-001 REQD-

BEGIN-08/12/03 COMPLETE-09/26/03 CLOSE-

DESCRIPTION: CHANGES TO EXCEPTION 609

STATUS:

REQUEST CONTROL NUMBER: 4574

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

PLEASE UPDATE THE CRITERIA OF EXCEPTION 609 (FQHC ENCOUNTER STATE-ONLY), AS ESTABLISHED ON CSR 4261, TO POST ON THE UPDATED ENCOUNTER PROCEDURE CODE LIST AS FOLLOWS:

EXCEPTION 609 NEEDS TO CONTINUE TO POST ON FQHC ENCOUNTER PROCEDURE CODES (0200D, 5900M, 9000M, 9001M, 9005M, 9006M, 9007M, AND 9701M) FOR CLIENTS ON THE PRE-ESTABLISHED STATE-ONLY PROGRAMS FOR DATES OF SERVICE ON OR BEFORE 9/30/03. THE EXCEPTION WILL ALSO NEED TO POST FOR PROCEDURE CODE T1015 FOR CLIENTS ON THE SAME STATE-ONLY PROGRAMS FOR DATES OF SERVICE ON OR AFTER 10/01/03.

THIS CSR IS NECESSARY FOR HIPAA COMPLIANCE.

THIS HAS BEEN DISCUSSED WITH DARIN MORIN.

SYSTEM SPECIFICATIONS:

TO COMPLETE THIS CSR THE FOLLOWING NEEDS TO BE DONE.

- 1. BWWC3550; ADDED 88 LEVEL WH-100-FQHC-STATE-ONLY-T1015 CONTAIN-ING THE VALUE T1015.
- 2. BWPC3550; ADDED LOGIC IN SECTION S381 TO CHECK THE DATES OF SERVICE AND THE NEW 88 LEVEL ABOVE.
- 3. RECOMPILE BWSC3550 AND BWOC0086.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 111 RUN DATE 06/02/04

CSR LOG

NUMBER - 4460 SUB BY			PAGE - 2
ENTERED-08/12/03	PRIORITY-	EST-DAYS-001	REQD-
BEGIN-08/12/03 COMPLE	TE-09/26/03 CLC		
08/12/03. ADDE			
09/23/03. UPDA	TED - 551.		

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 112 RUN DATE 06/02/04

CSR LOG

NUMBER - 4461 SUB BY- SANDY RICCOLO SUB FOR- MMIS PAGE - 1

ENTERED-08/12/03 PRIORITY- EST-DAYS-000 REQD
BEGIN-08/12/03 COMPLETE-09/26/03 CLOSE-

DESCRIPTION: CHANGES TO EXCEPTION 560

STATUS:

REQUEST CONTROL NUMBER: 4575

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

PLEASE UPDATE THE CRITERIA OF EXCEPTION 560 (FQHC ENCOUNTER ON CLAIM WITHOUT A PAYABLE, OUALIFYING SERVICE) TO READ AS FOLLOWS:

THE FOLLOWING CONDITIONS ARE TRUE:

- A. CLAIM TYPE IS "J" (PHYSICIAN CLAIM); AND,
- B. PROVIDER SPECIALTY CODE IS "90" (FQHC); AND,
- C. LINE-ITEM PROCEDURE CODE EQUALS (0200D, 5900M, 9000M, 9001M, 9005M, 9006M, 9007M, 9008M, 9700M) FOR DATES OF SERVICE ON OR BEFORE 9/30/03 OR PROCEDURE CODE EQUALS T1015 FOR DATES OF SERVICE 10/01/03 AND AFTER. EXCEPTION: BYPASS PROCEDURE CODE T1015 WITH MODIFIER HE BILLED BY PROVIDER TYPE 73 WITH A SPECIALTY 90 FOR DATES OF SERVICE 10/01/03 AND AFTER

(MEDICAL ENCOUNTER CODES); AND,

D. THERE ARE NO OTHER LINE-ITEMS WITH MATCHING DATES OF SERVICE AND LINE-ITEM ALLOWED AMOUNT GREATER THAN ZERO EXCLUDING THE FOLLOWING CODES: 36400-46425, 36511-36515, 38204-38215, 70000-79999, 80000-89999, P3000-P3001, AND ALL HCPCS PROCEDURE J CODES, Q CODES, AND S CODES.

THIS CSR IS NECESSARY FOR HIPAA COMPLIANCE.

THIS HAS BEEN DISCUSSED WITH DARIN MORIN.

ADDENDUM AS OF SEPTEMBER 24, 2003

PLEASE ADD THE FOLLOWING DENTAL CODES TO THE CRITERIA OF EXCEPTION CODE 560, LETTER D. ON PAGE 1 OF THIS CSR: D0210, D0220, D0230, D0240, D0270, D0272, D0274, D0321, & D0330 (DENTAL RADIOGRAPHS); AND D0460 & D0501 (TEST & LAB EXAM).

THIS HAS BEEN DISCUSSED WITH DARIN MORIN.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 113 RUN DATE 06/02/04

	CSR LOG	
NUMBER - 4461 SUB BY- SANDY RICCOLO	SUB FOR- MMIS	PAGE - 2
ENTERED-08/12/03 PRIORITY-	EST-DAYS-000	REQD-
BEGIN-08/12/03 COMPLETE-09/26/03 CLOS		
SYSTEM SPECIFICATIONS:		
TO COMPLETE THIS CSR THE FOLLO	OWING NEEDS TO BE DONE.	
LEVEL WH-100-FQHC-ENCOUN	WK-000-SEP-30-2003 CONTAIN: 1-2003 CONTAINING THE VALUE 1 N-CODE-T1015 CONTAINING TH SECTION S380 AND S410 TO CH	4519, 88 E VALUE

08/12/03. ADDED - 550.

2. RECOMPILE BWMC5000.

09/23/03. UPDATED - 551.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 114 RUN DATE 06/02/04

CSR LOG

NUMBER - 4462 SUB BY- SANDY RICCOLO SUB FOR- MMIS PAGE - 1

ENTERED-08/12/03 PRIORITY- EST-DAYS-001 REQD
BEGIN-08/12/03 COMPLETE-09/26/03 CLOSE-

DESCRIPTION: CHANGES TO EXCEPTION 553

STATUS:

REQUEST CONTROL NUMBER: 4576

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

PLEASE UPDATE THE POSTING CRITERIA FOR EXCEPTION CODE 553 (FQHC CLAIM WITH MISSING MEDICAL ENCOUNTER CODE/UNITS) TO READ AS FOLLOWS:

THE FOLLOWING CONDITIONS ARE TRUE:

- A. CLAIM TYPE IS "J" (PHYSICIAN CLAIM); AND,
- B. PROVIDER SPECIALTY CODE IS "90" (FQHC);
 AND
 - LINE-ITEM PROCEDURE CODE EQUALS "99202-99205", "99212-99215" (EVAL & MGMT PROCEDURE CODES);
 - 2. THERE IS NO LINE-ITEM PROCEDURE CODE "9000M OR 9001M" (MEDICAL ENCOUNTER CODE) FOR DATE OF SERVICE ON OR BEFORE 9/30/03 OR PROCEDURE CODE "T1015" ON OR AFTER DATE OF SERVICE 10/01/03.
 - 3. THERE IS A LINE-ITEM PROCEDURE CODE "9000M OR 9001M" ON OR BEFORE DATES OF SERVICE 9/30/03 OR "T1015" ON OR AFTER DATE OF SERVICE 10/01/03; BUT THE UNITS OF SERVICE &/OR DATES OF SERVICE DO NOT EQUAL BETWEEN LINE-ITEMS.
 - 4. THERE IS A LINE ITEM PROCEDURE CODE "9000M OR 9001M" ON OR BEFORE 9/30/03 OR "T1015" ON OR AFTER 10/01/03; AND, THE DOS OVERLAP.

THIS CSR IS NECESSARY FOR HIPAA COMPLIANCE.

ADDENDUM AS OF SEPTEMBER 24, 2003

PLEASE BYPASS EXCEPTION CODE 553 (FQHC CLAIM WITH MISSING MEDICAL ENCOUNTER CODE/UNITS OR ENCOUNTER W/O E&M) WHEN T1015 WITH MODIFIER HE IS BILLED BY PROVIDER TYPE 73 (COMMUNITY MENTAL HEALTH CENTER) WITH A SPECIALTY 90 (FQHC).

THIS HAS BEEN DISCUSSED WITH DARIN MORIN.

SYSTEM SPECIFICATIONS:

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 115 RUN DATE 06/02/04

CSR LOG

NUMBER - 4462 SUB BY-	SANDY RICCOLO	SUB FOR- MMIS	PAGE - 2
ENTERED-08/12/03	PRIORITY-	EST-DAYS-001	REQD -
BEGIN-08/12/03 COMPLETE	-09/26/03 CLO	SE-	

TO COMPLETE THIS CSR THE FOLLOWING NEEDS TO BE DONE.

- 1. BWPC3550; ADDED LOGIC IN SECTION S381 TO CHECK THE DATES OF SERVICE AND THE NEW 88 LEVEL ADDED FOR CSR4460.
- 2. RECOMPILE BWSC3550 AND BWOC0086.

08/12/03. ADDED - 550.

09/23/03. UPDATED - 551.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 116 RUN DATE 06/02/04

CSR LOG

NUMBER - 4468 SUB BY- SANDY ASBACH SUB FOR- MMIS SERVICES PAGE- 1 ENTERED-08/27/03 PRIORITY- EST-DAYS-000 REOD -BEGIN-08/27/03 COMPLETE-09/19/03 CLOSE-DESCRIPTION: CHANGES TO EXCEPTION 353 STATUS: REOUEST CONTROL NUMBER: 4583 DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO IN ORDER TO COMPLY WITH HIPAA, MAA HAS ASSIGNED THE FOLLOWING NON DME REPLACEMENT CODES FOR THE PHYSICIANS ORTHOTICS PROGRAM. EFFECTIVE WITH DATES OF SERVICE 10/01/03, AND FOR THE TYPE OF SERVICE (3) ONLY, PLEASE ADD THESE CODES TO THE CRITERIA TO POST EXCEPTION CODE 353 (PROCEDURE CODE REQUIRES APPROVAL); L3000 (FOOT INSERT) L3030 (FOOT ARCH) L3170 (FOOT HEEL STABILIZER) L3215 (ORTHOPEDIC FOOTWEAR) L3219 (ORTHOPEDIC MENS SHOE) L3230 (CUSTOM SHOES INLAY) L3310 (SHOE LIFT NEOPRINE) L3320 (SHOE LIFT CORK) L3334 (SHOE LIFT PER INCH) L3340 (SHOE WEDGE SACH) L3350 (SHOE HEEL WEDGE) L3360 (SHOE SOLE WEDGE, OUTSIDE L3400 (SHOE METATARSAL BAR WEDGE) L3410 (SHOE METATARSAL BAR BETWEEN) L3420 (FULL SOLE/HEEL WEDGE) THIS HAS BEEN DISCUSSED WITH DON BOOGERD. SYSTEM SPECIFICATIONS: TO COMPLETE THIS CSR THE FOLLOWING NEEDS TO BE DONE. 1. BWWC3550; ADDED 88 LEVEL WK-009-NON-DME-REPLACE-CODES CONTAIN-ING THE ABOVE PROC CODES.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 117 RUN DATE 06/02/04

CSR LOG

NUMBER - 4468 SUB BY- SANDY ASB	ACH SUB FOR- MMIS SERVI	CES PAGE - 2
	Y- EST-DAYS-000	REQD-
BEGIN-08/27/03 COMPLETE-09/19/03	CLOSE-	
2. BWPC3550; ADDED CODE LEVEL AND FOR A TY	IN SECTION S700 TO CHECK PE OF SERVICE 3 AND DATES O IF ALL OF THE ABOVE IS MET	THE ABOVE 88 F SERVICE ON OR
3. RECOMPILE BWSC3550 AI	ND BWOC0086.	
08/27/03. ADDED - 179.		
09/12/03. UPDATED - 551.		

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 118 RUN DATE 06/02/04

CSR LOG

NUMBER - 4473 SUB BY- S	GUE HILTON	SUB FOR- MMIS SERVICES	PAGE - 1
ENTERED-09/03/03	PRIORITY-	EST-DAYS-000	REQD -
BEGIN-09/03/03 COMPLETE-	-09/26/03 CLO	SE-	

DESCRIPTION: UPDATE SOURCE OF ADMISSION

STATUS:

REQUEST CONTROL NUMBER: 4589

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

CURRENTLY, WHEN ALPHA CHARACTERS A - Z ARE KEYED INTO THE SOURCE OF ADMISSION (ADMIT-SRC:) FIELD ON INPATIENT "R" AND "S" CLAIMS, THE INFORMATION HIGHLIGHTS IN RED AND THE ALPHA CHARACTER MUST BE REMOVED. PLEASE UPDATE THE MMIS TO ALLOW ALPHA CHARACTERS A - Z TO BE KEYED INTO THIS FIELD WITHOUT HIGHLIGHTING IN RED.

ALSO, PLEASE UPDATE THE EXCEPTION 206 HARD CODING (ATTACHED) BY ADDING ADMISSION SOURCE CODE "A" (TRANSFER FROM A CRITICAL ACCESS HOSPITAL) AS A VALID CODE. SOURCE CODES "B" THROUGH "Z" ARE CURRENTLY NOT ASSIGNED AND NEED TO POST EXCEPTION CODE 206.

THIS CSR IS NECESSARY TO BECOME COMPLIANT WITH THE UB-92 BILLING SPECIFICATIONS AND HIPAA.

THIS HAS BEEN DISCUSSED WITH DON BOOGERD.

SYSTEM SPECIFICATIONS:

ADD SYSTEM CHANGE, NUMERIC TO ALPHA ADMIT SORCE.

09/03/03. ADDED - 269.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 119 RUN DATE 06/02/04

CSR LOG

NUMBER - 4475 SUB BY- SUE HILTON SUB FOR - MMIS SERVICES PAGE - 1 ENTERED-09/03/03 PRIORITY- EST-DAYS-000 REOD -BEGIN-09/03/03 COMPLETE-12/19/03 CLOSE-

DESCRIPTION: HPDATE PATIENT STATUS CODES

STATUS:

REOUEST CONTROL NUMBER: 4591

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

IN ORDER TO BECOME COMPLIANT WITH THE UB-92 BILLING SPECIFICATIONS AND HIPAA, PLEASE ADD THE FOLLOWING PATIENT STATUS CODES *43, 50, 51, 62, AND 63 TO THE LIST OF VALID CODES FOR EXCEPTION 167 (SEE ATTACHED):

- *43 DISCHARGED/TRANSFERRED TO A FEDERAL HOSPITAL
- 50 HOSPICE HOME 51 HOSPICE MEDICAL FACILITY
- 62 DISCHARGED/TRANSFERRED TO AN INPATIENT REHABILITATION FACILITY (IRF) INCLUDING REHABILITATION DISTINCT PART UNITS OF A HOSPITAL.
- 63 DISCHARGED/TRANSFERRED TO A MEDICARE CERTIFIED LONG TERM CARE HOSPITAL (LTCH).

*PATIENT STATUS CODE 43 USED WHEN A PATIENT IS TRANSFERRED TO ANOTHER HOSPITAL. DRG (R) CLAIMS WITH THIS PATIENT STATUS CODE NEED TO BE PRO-RATED BASED ON THE LENGTH OF STAY (LOS) ACCORDING TO THE SAME CRITERIA CURRENTLY USED FOR PATIENT STATUS CODES 02 AND 05.

ADDENDIM AS OF NOVEMBER 5, 2003

WE HAVE DISCOVERED THAT PATIENT DISCHARGE STATUS CODES 43, 62, & 63 ARE NOT SUPPORTED BY THE AP-DRG GROUPER VERSION 14.1. WHEN THESE CODES ARE KEYED ON AN INPATIENT DRG OR RCC CLAIM THEY DO NOT GROUP CORRECT-LY. IN ORDER TO BE COMPLIANT WITH THE UB-92 BILLING SPECIFICATIONS AND HIPAA, WE MUST BE ABLE TO PROCESS THESE CODES WHEN BILLED. PLEASE CROSSWALK AND GROUP THESE CODES AS FOLLOWS:

1. PATIENT STATUS 43 SHOULD CROSSWALK TO, AND PROCESS THE SAME AS PA-TIENT STATUS 02 (I.E. PRO-RATE APPROPRIATELY & BYPASS EXCEPTION 235 WHEN THE STAY IS 24 HOURS OR LESS). THIS CHANGE IS EFFECTIVE WITH AD-MISSIONS ON AND AFTER 10/01/03. FOR ADMISSIONS PRIOR TO 10/01/03, POST EXCEPTION 367 AND DO NOT CROSSWALK.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 120 RUN DATE 06/02/04

CSR LOG

NUMBER - 4475 SUB BY-	SUE HILTON	SUB FOR- MMIS SERVICES	PAGE – 2
ENTERED-09/03/03	PRIORITY-	EST-DAYS-000	REQD -
BEGIN-09/03/03 COMPLET	E-12/19/03 CLO	SE-	

2. PATIENT STATUS CODES 62 & 63 SHOULD CROSSWALK TO, AND PROCESS THE SAME AS PATIENT STATUS 03 REGARDLESS OF THE ADMISSION DATE.

ALSO, PLEASE ADD PATIENT DISCHARGE STATUS CODES 61 & 64 TO THE LIST OF VALID CODES. THESE CODES SHOULD CROSSWALK TO, AND PROCESS THE SAME AS PATIENT STATUS CODE 03 REGARDLESS OF THE ADMISSION DATE.

THIS HAS BEEN DISCUSSED WITH DON BOOGERD.

ADDENDUM AS OF DECEMBER 18, 2003

PLEASE CORRECT THE FOLLOWING 2 ERRORS ON THE NOVEMBER 5, 2003 ADDENDUM.

- 1. THE LAST SENTENCE IN #1 ABOVE SHOULD BE, "FOR ADMISSIONS PRIOR TO 10/01/03, POST EXCEPTION 167 AND DO NOT CROSSWALK.
- 2. PATIENT STATUS CODE 62 (LISTED IN #2 ABOVE) SHOULD CROSSWALK TO, AND PRO-RATE THE SAME, AS CURRENT PATIENT STATUS 05 (I.E. PRO-RATE APPROPRIATELY & BY-PASS EXCEPTION 235 WHEN THE STAY IS 24 HOURS OR LESS).

THIS HAS BEEN DISCUSSED WITH DARIN MORIN.

SYSTEM SPECIFICATIONS:

- O ADD THE NEW VALUES TO DED03160 (PATIENT STATUS) IN THE ADD SYSTEM.
- O MODIFY THE LOGIC OF SECTION S320-210-DETERMINE-TRANSFER AND S460-000-DRG-PRICING IN BWPC3530 TO HANDLE THE PRORATED PRICING REQUESTED ABOVE.
- O RECOMPILE PROGRAMS BWSC3530 BWSC2040 BWSC2050 BWOC0087 BWOC0037 BWOC0039 AND ALL OTHER PROGRAMS EFFECTED BY THE ADD SYSTEM COPY MEMBER CHANGES MADE ABOVE.
- O ADD THE NEW VALUES TO DED03160 (PATIENT STATUS) IN THE ADD

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 121 RUN DATE 06/02/04

CSR LOG

NUMBER - 4475 SUB BY-	SUE HILTON	SUB FOR- MMIS SERVICES	PAGE - 3
ENTERED-09/03/03	PRIORITY-	EST-DAYS-000	REQD-
BEGIN-09/03/03 COMPLET	E-12/19/03 CLC	 SE-	

SYSTEM.

- 0 MODIFY THE LOGIC IN BWPC2040 AND BWPC2060 TO POST EXCEPTION 0167 FOR THE CRITERIA SPECIFIED ABOVE.
- O ADDED LOGIC TO BWPC3520 TO CROSS-WALK THE PATIENT STATUS CODES.
- O RECOMPILE PROGRAMS BWSC2040 BWSC2060 BWSC3520 BWOC0085 BWOC0037 BWOC0039, ALSO RUN "TSO EXTCOMP" TO COMPILE ALL OTHER PROGRAMS THAT HAVE THE PATIENT STATUS COPY MEMBER INCLUDED IN THEM.

09/03/03. ADDED - 269.

12/18/03. UPDATED - 158.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 122 RUN DATE 06/02/04

CSR LOG

NUMBER - 4476 SUB BY-	SANDY RICCOLO	SUB FOR- MMIS SERVICES	PAGE - 1
ENTERED-09/03/03		EST-DAYS-000	REQD-09/04/03
BEGIN-09/03/03 COMPLET			

DESCRIPTION: MODIFY PROC CHARGE FOR FQHC

STATUS:

REQUEST CONTROL NUMBER: 4592

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

PLEASE UPDATE THE PROVIDER CHARGE FILE (SCREEN 6) TO ALLOW A PROCEDURE CODE LEADING WITH AN ALPHA CHARACTER AS A VALID FORC CODE WITHIN THE PROVIDER CHARGE KEY. SEE THE HIGHLIGHTED SCREEN PRINT ATTACHMENT INDICATING THE AREA NEEDING THE UPDATE.

THIS HAS BEEN DISCUSSED WITH RANDY STAMP.

SYSTEM SPECIFICATIONS:

ADD LOGIC TO SCREEN 6 TO ALLOW ALPHA CHARACTER AS VALID.

09/03/03. ADDED - 269.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 123 RUN DATE 06/02/04

CSR LOG

NUMBER - 4481 SUB BY- SANDY ASBACH SUB FOR- MMIS SERVICES PAGE- 1

ENTERED-09/04/03 PRIORITY- EST-DAYS-000 REQD
BEGIN-09/04/03 COMPLETE-10/03/03 CLOSE-

DESCRIPTION: CHANGES TO EXCEPTION 105

STATUS:

REQUEST CONTROL NUMBER: 4595

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

IN ORDER TO BE COMPLIANT WITH HIPAA, MAA WILL ACCEPT BOTH DIAGNOSIS FIELDS FOR EACH DETAIL LINE ON THE 837 CLAIM FORM AND MAA HAS REDEFINED THE MMIS SCREEN FORMAT TO ALSO HOLD BOTH DIAGNOSIS CODES. THIS HAS CREATED A PROBLEM WITH EXCEPTION 105 (PROCEDURE TO DIAGNOSIS) THAT WE WILL NEED TO CORRECT. CURRENTLY THE SYSTEM IS LOOKING AT ONLY 1 DIAGNOSIS AND DETERMINING WHETHER TO POST TO THE CLAIM OR NOT, DEPENDING ON THE DIAGNOSIS LIST TIED TO THE PROCEDURE CODE LISTED ON THE MMIS (10) SCREEN (HISTORY RELATED EDITS).

CURRENTLY WHEN A PROCEDURE CODE IS ADDED ON THE MMIS (10) SCREEN (HIS-TORY RELATED EDIT) FILE AS MEDICAL CRITERIA THERE IS A FIELD AVAILABLE TO ADD A DIAGNOSIS LIST, TO EITHER (I) INCLUDE OR (E) EXCLUDE THE DIAG-NOSIS ON THE LIST FROM THE PROCEDURE CODE. IF A PROCEDURE CODE HAS A (I) IN THE DIAGNOSIS INDICATOR FIELD AND THERE IS A NUMBER IN THE DIAGNOSIS LIST FIELD EG (1000), EXCEPTION 105 PROMPTS THE SYSTEM TO LOOK AT THE PROCEDURE AND DIAGNOSIS ON THE CLAIM AND IF THE DIAGNOSIS ON THE CLAIM IS ON THE INCLUDE DIAGNOSIS LIST FROM THE MEDICAL CRITERIA FILE, EXCEP-TION 105 DOES NOT POST. IF THE DIAGNOSIS ON THE CLAIM IS NOT ON THE IN-CLUDE DIAGNOSIS LIST, EXCEPTION 105 WILL POST TO THE CLAIM. IF THE PROCEDURE CODE ON THE MEDICAL CRITERIA FILE HAS AN (E) IN THE DIAGNOSIS FIELD EG (1001), EXCEPTION 105 PROMPTS THE SYSTEM TO LOOK AT THE PROCEDURE AND DIAGNOSIS ON THE CLAIM AND IF THE DIAGNOSIS ON THE CLAIM IS ON THE EXCLUDE DIAGNOSIS LIST FROM THE MEDICAL CRITERIA FILE, EXCEPTION 105 WILL POST TO THE CLAIM. WITH THE ADDITION OF A SECOND DIAGNOSIS FIELD THE SYSTEM CRITERIA NEEDS TO CHANGE.

PLEASE ADD LOGIC TO THE SYSTEM TO CHANGE THE WAY EXCEPTION 105 POSTS TO THE CLAIM. IF THE PROCEDURE CODE ON THE MEDICAL CRITERIA FILE HAS AN (I) IN THE DIAGNOSIS INDICATOR FIELD, CHANGE THE SYSTEM LOGIC TO LOOK AT BOTH DIAGNOSIS CODES ON THE CLAIM DETAIL LINE, AND IF AT LEAST ONE OF THE DIAGNOSIS CODES ON THE CLAIM IS ON THE INCLUDE LIST FOR THE PROCEDURE, DO NOT POST EXCEPTION CODE 105.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 124 RUN DATE 06/02/04

CSR LOG

NUMBER - 4481 SUB BY-	SANDY ASBACH	SUB FOR- MMIS SERVICES	PAGE - 2
ENTERED-09/04/03	PRIORITY-	EST-DAYS-000	REQD-
BEGIN-09/04/03 COMPLET	E-10/03/03 CLC	 SE-	

IF THE PROCEDURE CODE ON THE MEDICAL CRITERIA FILE HAS AN (E) IN THE DIAGNOSIS INDICATOR FIELD, CHANGE THE SYSTEM LOGIC TO LOOK AT BOTH DIAGNOSIS CODES ON THE CLAIM DETAIL LINE AND IF AT LEAST ONE OF THE DIAGNOSIS CODES ON THE CLAIM IS ON THE EXCLUDE LIST FOR THE PROCEDURE CODE, POST EXCEPTION CODE 105.

THIS HAS BEEN DISCUSSED WITH RANDY STAMP.

SYSTEM SPECIFICATIONS:

TO COMPLETE THIS CSR THE FOLLOWING NEEDS TO BE DONE.

- 1. BWMC4000; ADDED 05 LEVEL WW-005-RANGE-ARGUMENT-DIAG-2. ADDED CODE IN S310-041-OBTAIN-DIAGNOSIS TO MOVE THE SECOND DIAG CODE TO THE ABOVE HOLD. ADDED CODE IN S310-046-USE-DIAG-RANGE TO CHECK THE ABOVE HOLD AS WELL WHEN CHECK THE FIRST DIAGNOSIS CODE.
- 2. RECOMPILE BWMC4000.

09/04/03. ADDED - 269.

09/19/03. UPDATED - 551.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 125 RUN DATE 06/02/04

CSR LOG

NUMBER - 4490 SUB BY- SUE HILTON SUB FOR- LESLIE LYNAM PAGE- 1

ENTERED-09/16/03 PRIORITY- EST-DAYS-000 REQD
BEGIN-09/16/03 COMPLETE-03/05/04 CLOSE-

DESCRIPTION: NEW CRITICAL ACCESS HOSPITAL

STATUS:

REQUEST CONTROL NUMBER: 4605

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

EFFECTIVE WITH DATES OF SERVICE 10/01/03 AND AFTER, PLEASE ADD THE FOLLOWING HOSPITAL TO THE CRITICAL ACCESS HOSPITAL (CAH) PRICING SET-UP.

WHITMAN COMMUNITY HOSPITAL - 3365202

ADDENDUM AS OF NOVEMBER 3, 2003

EFFECTIVE WITH DATES OF SERVICE 12/01/03 AND AFTER, PLEASE ADD THE FOLLOWING HOSPITAL TO THE CRITICAL ACCESS HOSPITAL (CAH) PRICING SET-UP:

MID-VALLEY HOSPITAL - 3343506

ADDENDUM AS OF DECEMBER 10, 2003

EFFECTIVE WITH DATES OF SERVICE 01/01/04 AND AFTER, PLEASE ADD THE FOLLOWING HOSPITAL TO THE CRITICAL ACCESS HOSPITAL (CAH) PRICING SET-UP:

UNITED GENERAL HOSPITAL - 3300480

ADDENDUM AS OF FEBRUARY 17, 2004

EFFECTIVE WITH DATES OF SERVICE 03/01/04 AND AFTER, PLEASE ADD THE FOLLOWING HOSPITAL TO THE CRITICAL ACCESS HOSPITAL (CAH) PRICING SET-UP:

SUNNYSIDE COMMUNITY HOSPITAL - 3300076

SYSTEM SPECIFICATIONS:

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 126 RUN DATE 06/02/04

CSR LOG

NUMBER - 4490 SUB BY- SUE HILTON SUB FOR- LESLIE LYNAM PAGE- 2

ENTERED-09/16/03 PRIORITY- EST-DAYS-000 REQD
BEGIN-09/16/03 COMPLETE-03/05/04 CLOSE-

- BWWC3530; ADDED LOGIC TO COPY NEW COPY MEMBER WT318050. THIS
 IS THE NEW CRITICAL ACCESS HOSPITAL TABLE TO BE USED FOR CAH
 PRICING.
- 2. BWPC3530; ADDED LOGIN IN SECTIONS S310, S430, S435, AND S496 TO SEARCH THE NEW TABLE WT318050 AND PAY THE PROVIDERS LISTED IN THE TABLE AT THE CRITICAL ACCESS HOSPITAL RATES.
- 3. RECOMPILE BWSC3530 AND BWOC0087.

ADDENDUM AS OF 11/03/03:

- 1. WT318050; ADDED NEW PROVIDER WITH EFFECTIVE DATE 12/01/03.
- 2. RECOMPILE BWSC3530 AND BWOC0087.

ADDENDUM AS OF 12/10/03:

- 1. WT318050; ADDED NEW PROVIDER WITH EFFECTIVE DATE 01/01/04.
- 2. RECOMPILE BWSC3530 AND BWOC0087.

ADDENDUM AS OF 02/17/04:

- 1. WT318050; ADDED NEW PROVIDER WITH EFFECTIVE DATE 03/01/04.
- 2. RECOMPILE BWSC3530 AND BWOC0087.

09/16/03. ADDED - 550.

02/26/04. UPDATED - 551.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 127 RUN DATE 06/02/04

CSR LOG

NUMBER - 4503 SUB BY-	· JOHNA LITTLE	SUB FOR- CATHIE OTT	PAGE - 1
ENTERED-09/30/03	PRIORITY-	EST-DAYS-000	REQD-
BEGIN-09/30/03 COMPLET	TE-10/31/03 CLO	SE-	

DESCRIPTION: MODIFY ENCOUNTER DATA EDITS

STATUS:

REQUEST CONTROL NUMBER: 4620

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

THIS CSR AMENDS CSR #4449 (SEE ATTACHED) WHICH FULFILLED A DPS-REQUEST TO IDENTIFY AND CHANGE SPECIFIC FIELD EDITS, REMOVING THOSE FATAL ERRORS FROM THE ACS ERROR COUNTS AND FLAGGING THOSE ERRORS AS "ASSOCIATION*" EDITS. NO CHANGE WAS MADE TO THE VALUES THAT ARE STORED IN THE OUTPUT RECORDS. SINCE THIS REQUEST WAS SUBMITTED, FURTHER CLARIFICATION FROM DPS HAS BEEN COMMUNICATED THAT REQUIRE REVISIONS TO FIELD 8 (PERFORMING/PRESCRIBING PROVIDER ID) AND FIELD 39 (ALTERNATE PERFORMING/ATTENDING OR PRESCRIBING PROVIDER ID).

AMENDMENTS

 WHEN THE MEDICAID ID FOR THE PERFORMING/PRESCRIBING PROVIDER (FIELD 8) IS MISSING OR INVALID AND THERE IS NO VALID ALTERNATE ID PRESENT (FIELD 39), FLAG AS ERROR. INCLUDE IN ACS ERROR COUNT.

ISSUE THE CURRENT ERROR MESSAGE 103 (ALSO SEEN IN CSR 4097, 7.3) WITH THE INCLUSION OF THE FOLLOWING TEXT REVISION:

"PERF/PRESC # MISSING/INVALID W/NO VALID ALT ID".

CONSIDER FIELD 8 MISSING OR INVALID IF IT IS 0-FILLED, HYPHEN-FILLED, BLANK, 8-FILLED, OR 9-FILLED, OR IS AN INVALID MEDICAID PROVIDER NUMBER. FIELD 39 IS INVALID IF THE MEDICAID ID IS MISSING/INVALID AND IT IS 0-FILLED, HYPHEN-FILLED, BLANK, 8-FILLED, OR 9-FILLED.

- 2. REMOVED REVISED MESSAGE 103 FROM THE "ASSOCIATION*" ERRORS TO THE RECORDS THAT ARE COUNTED AS ERRORS. REMOVE '*' FROM THE PREFIX OF THIS MESSAGE.
- REMOVE MESSAGE 26 FROM THE LIST OF ACTIVE EDITS. MESSAGE 103 SHOULD REVIEW ALL ALTERNATE IDENTIFIERS INCLUDING STATE LICENSE NUMBERS,

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 128 RUN DATE 06/02/04

CSR LOG

NUMBER - 4503 SUB BY-	JOHNA LITTLE	SUB FOR- CATHIE OTT	PAGE - 2
ENTERED-09/30/03	PRIORITY-	EST-DAYS-000	REQD-
BEGIN-09/30/03 COMPLET	E-10/31/03 CLC	 DSE-	

FEDERAL TAX IDENTIFIERS, NABP IDENTIFIERS, AND DEA IDENTIFIERS.

4. THE FOLLOWING CONDITIONS SHOULD NOT BE COUNTED AS ERRORS: IF THERE IS AN INVALID MEDICALD PERFORMING/PRESCRIBING PROVIDER NUMBER (FIELD 8) BUT THERE IS A VALID ALTERNATE ID (FIELD 39), THERE SHOULD BE NO ERROR.

IF THERE IS A VALID MEDICAID PERFORMING/PRESCRIBING PROVIDER NUMBER (FIELD 8) WITH AN INVALID ALTERNATE ID (FIELD 39), THERE SHOULD BE NO ERROR.

SYSTEM SPECIFICATIONS:

MADE CHANGES TO PROGRAM BWMP6112 AS SPECIFIED.

09/30/03. ADDED - 269.

10/31/03. UPDATED - 521.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 129 RUN DATE 06/02/04

CSR LOG

NUMBER - 4506 SUB BY- SANDY ASBACH SUB FOR- MMIS SERVICES PAGE- 1

ENTERED-10/08/03 PRIORITY- EST-DAYS-000 REQD
BEGIN-10/08/03 COMPLETE-02/13/04 CLOSE-

DESCRIPTION: CHANGES TO EXCEPTION 332

STATUS:

REQUEST CONTROL NUMBER: 4564

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

THE FOLLOWING REQUEST CSR IS A RESULT OF A RECENT MEETING WITH THE MEDICAL DIRECTOR CONCERNING MAA METHODOLOGY AND PAYMENT TO EDULATRIC INTENSIVISTS FOR ANESTHESIA SERVICES. THIS REQUEST WILL REDUCE CLAIMS POSTING FOR REVIEW OF EXCEPTION 332 IN CLAIMS PROCESSING.

PLEASE BYPASS EXCEPTION CODE 332 (PROVIDER TYPE INVALID FOR PROCEDURE) WHEN A PROVIDER OTHER THAN ANESTHESIOLOGIST (PROVIDER TYPE 48) OR NURSE ANESTHETIST (PROVIDER TYPE 49) BILLS WITH ANESTHESIA PROCEDURE CODES (00100-01999) AND THERE IS AN EXPEDITED AUTHORIZATION NUMBER ON THE CLAIM BEGINNING WITH 870001201 THROUGH 870001250.

THIS HAS BEEN DISCUSSED WITH RANDY STAMP.

SYSTEM SPECIFICATIONS:

- O ADD LOGIC TO SECTION S590-100-PROVIDER-EDITS OF BWPC3530 TO BYPASS THE POSTING OF EXCEPTION 332.
- O ADD LOGIC TO SECTION \$810-100-\$PROVIDER-EDITS OF BWPC3550 TO BYPASS THE POSTING OF EXCEPTION 332.
- O ADD WK-332-PROCS-00100-01999 TO BWWC3530 AND BWWC3550 TO HOLD THE PROCEDURE CODE VALUES REQUESTED IN THE CSR.
- O ADD WK-332-FIRST-LI-PA AND WK-332-SECOND-LI-PA TO BOTH BWWC3530 AND BWWC3550 TO HOLD THE VALUES 870001201 870001250.
- O RECOMPILE PROGRAMS BWSC3530 BWSC3550 BWOC0086 AND BWOC0087.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 130 RUN DATE 06/02/04

CSR LOG

NUMBER - 4506 SUB BY- SANDY ASBA	CH SUB FOR- MMIS SERVICES	
ENTERED-10/08/03 PRIORITY	Y- EST-DAYS-000	REQD-
BEGIN-10/08/03 COMPLETE-02/13/04		
10/08/03. ADDED - 269.		
02/10/04. UPDATED - 158.		
02/10/01. 012/1122 130.		
		'
		'

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 131 RUN DATE 06/02/04

CSR LOG

NUMBER - 4509 SUB BY- CHRISTINE CHUML SUB FOR- MMIS SERVICES PAGE- 1

ENTERED-10/09/03 PRIORITY- EST-DAYS-000 REQD-

BEGIN-10/09/03 COMPLETE-01/16/04 CLOSE-

DESCRIPTION: CHANGES TO BWMF5700-R002 REPORT

STATUS:

REQUEST CONTROL NUMBER: 4625

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

PLEASE UPDATE "PROCEDURE CODE UPDATE ACTIVITY REPORT" BWMF5700-R002 TO INCLUDE INFORMATION FROM PAGE 2 OF THE PDDD FILE (05 SCREEN) FOR BOTH BEFORE AND AFTER UPDATED SECTIONS.

THIS HAS BEEN DISCUSSED WITH DON BOOGERD.

SYSTEM SPECIFICATIONS:

IN ORDER TO COMPLETE THIS CSR THE FOLLOWING WILL NEED TO BE DONE.

MAKE CHANGES TO PROGRAM BWSF5801 TO ADD THE PLACE OF SERVICE 2 AND THE VALID PROC CODE MODIFIERS BEGIN DATE, END DATE AND MODIFIERS.

RECOMPILE BWSF5801.

UPDATE SYSTEM DOCUMENTATION FOR REPORT BWMF5700-R002. (F57R002S AND F57R002E).

SEND A TEST REPORT TO CHRISTINE CHUMLEY IN BIN 12.

10/09/03. ADDED - 269.

01/16/04. UPDATED - 177.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 132 RUN DATE 06/02/04

CSR LOG

NUMBER - 4511 SUB BY- S	UE HILTON	SUB FOR- MMIS SERVICES	PAGE – 1
ENTERED-10/09/03	PRIORITY-2	EST-DAYS-000	REQD-
BEGIN-10/09/03 COMPLETE-	- CLC	 OSE-	

DESCRIPTION: MODIFY LEADING 0 ON SURG PROC CD

STATUS: IN PROCESS

REOUEST CONTROL NUMBER: 4631

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

WHEN SURGICAL PROCEDURE CODES ARE ENTERED INTO THE PROCEDURE CODE FIELDS ON R (INPATIENT DRG) AND S (INPATIENT RCC) CLAIMS, THE SYSTEM PLUGS LEADING ZEROS IF THE CODE IS LESS THAN 4 DIGITS. THIS IS CAUSING CLAIMS TO GROUP AND PAY INCORRECTLY, E.G. 74.1 (LOW CERVICAL CESAREAN SECTION) IS ON THE CLAIM AND THE EXAMINER KEYS 741, THE SYSTEM PLUGS A LEADING ZERO. THIS CHANGES THE CODE TO 0741 (ADRENAL INCISION).

PLEASE UPDATE THE MMIS TO NOT PLUG LEADING ZEROS WHEN THE PROCEDURE CODE IS LESS THAN 4 DIGITS. ADD TO THE EXCEPTION CODE CRITERIA FOR THE FOL-LOWING EXCEPTIONS TO POST WHEN THE CODE IS LESS THAN 4 DIGITS.

214 - INVALID PRIMARY PROCEDURE

215 - INVALID 2ND PROCEDURE

216 - INVALID 3RD PROCEDURE

535 - INVALID 4TH PROCEDURE 536 - INVALID 5TH PROCEDURE

537 - INVALID 6TH PROCEDURE

ALSO, THESE EXCEPTIONS DO NOT POST ON M (OUTPATIENT) CLAIMS. PLEASE UP-DATE THE EXCEPTION CODE CRITERIA TO POST THESE EXCEPTIONS ON OUTPATIENT CLAIMS.

THIS HAS BEEN DISCUSSED WITH DON BOOGERD AND DARIN MORIN.

SYSTEM SPECIFICATIONS:

10/09/03. ADDED - 269.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 133 RUN DATE 06/02/04

CSR LOG

				-
				_
NUMBER - 4512 SUB BY-	SUE HILTON	SUB FOR- MMIS SERVICES	PAGE - 1	
ENTERED-10/09/03	PRIORITY-1	EST-DAYS-000	REQD -	
BEGIN-10/09/03 COMPLET	E- CLC)SE-		
				-

DESCRIPTION: MODIFY REV CODE PRICING

STATUS: IN PROCESS

REQUEST CONTROL NUMBER: 4632

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

CURRENTLY REVENUE CODES 100 (LONG TERM ACUTE CARE) AND 101 (PM&R LEVEL B) ARE PAID AT THE RATE LISTED ON THE PROVIDER CHARGE FILE ONLY WHEN OCCURRENCE CODES LT (LONG TERM ACUTE CARE) AND R2 (PM&R LEVEL B) ARE KEYED INTO THE OCCURRENCE CODE FIELD ON "S" INPATIENT CLAIMS. THESE OCCURRENCE CODES ARE NOT HIPAA COMPLIANT AND WE CAN NO LONGER REQUIRE HOSPITALS TO BILL THESE CODES.

PLEASE UPDATE THE MMIS TO PAY THE RATE LOADED ON THE PROVIDER CHARGE FILES FOR REVENUE CODES $100\,$ AND $101\,$ WITH OR WITHOUT AN OCCURRENCE CODE. DO NOT PRICE USING ANY CHARGE MODES.

ALSO, DO NOT POST EXCEPTION 627 IF THE OCCURRENCE CODE IS MISSING. THIS WILL ELIMINATE THE NEED FOR CLAIMS EXAMINERS TO KEY AN OCCURRENCE CODE TO MAKE THE CLAIM PAY CORRECTLY.

THIS HAS BEEN DISCUSSED WITH DON BOOGERD AND DARIN MORIN.

SYSTEM SPECIFICATIONS:

10/09/03. ADDED - 269.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 134 RUN DATE 06/02/04

CSR LOG

NUMBER - 4513 SUB BY- S	SUE HILTON	SUB FOR- AUDREY FINNIGAN	PAGE - 1
ENTERED-10/13/03	PRIORITY-	EST-DAYS-000	REQD-
BEGIN-10/13/03 COMPLETE	- CLC	 SE-	

DESCRIPTION: MODIFY FULL RECIPIENT PROFILES

STATUS: AWAITING ANALYSIS

REQUEST CONTROL NUMBER: 4615

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

ON FULL RECIPIENT PROFILES WE NEED TO HAVE BOTH THE REVENUE CODE AND THE PROCEDURE CODE LISTED FOR OUTPATIENT HOSPITAL CLAIMS (CLAIM TYPE "M") IF BOTH ARE BILLED ON THE SAME LINE. WE ALSO NEED TO HAVE BOTH THE REVENUE CODE AND PROCEDURE CODE DESCRIPTIONS PRINTED OUT AT THE END OF THE PROFILE IF THE CLAIM CONTAINS BOTH CODES.

PLEASE REFER TO THE ATTACHED FULL RECIPIENT PROFILE AND COPY OF THE OUTPATIENT CLAIM SHOWING THAT BOTH THE REVENUE CODES AND THE PROCEDURE CODES WERE ON THIS CLAIM BUT THAT ONLY THE PROCEDURE CODE PRINTED ON THE PROFILE.

SYSTEM SPECIFICATIONS:

10/13/03. ADDED - 269.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 135 RUN DATE 06/02/04

CSR LOG

NUMBER - 4515 SUB BY- TRINA HOGAN SUB FOR- MMIS SERVICES PAGE- 1

ENTERED-10/13/03 PRIORITY- EST-DAYS-000 REQD
BEGIN-10/13/03 COMPLETE-02/13/04 CLOSE-

DESCRIPTION: CHANGES TO EXCEPTION 332

STATUS:

REQUEST CONTROL NUMBER: 4627

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

PLEASE ADD THE FOLLOWING BOLDED CRITERIA TO THE 332 EXCEPTION (INVALID PROVIDER TYPE FOR PROCEDURE).

BYPASS EXCEPTION IF ONE OF THE FOLLOWING IS TRUE:

1. CLAIM TYPE "J" (PHYSICIAN) WITH PROVIDER TYPE 37 (AUDIO-SPEECH PATH) AND ONE OF THE FOLLOWING IS TRUE:

ADD

FOR DATE OF SERVICE 07/01/03 AND AFTER, PROV-SPEC IS 64 (AUDIOLOGIST) OR 76 (SPEECH PATHOLOGIST) AND PROCEDURE CODE IS EQUAL TO 92611.

BYPASS EXCEPTION IF ONE OF THE FOLLOWING IS TRUE:

2. CLAIM TYPE "J" (PHYSICIAN) AND PROVIDER TYPE 18 USING MODIFIERS (80, 81, 82) FOR ASSISTANT AT SURGERY.

NEW

11. CLAIM TYPE "J" (PHYSICIAN) BILLED BY PROVIDER TYPE 18 AND CODES (80000 - 89999) BILLED WITH MODIFIER 26.

ALL PREVIOUS CRITERIA STILL PERTAINS.

THIS HAS BEEN DISCUSSED WITH RANDY STAMP.

SYSTEM SPECIFICATIONS:

O MODIFY WK-332-PROCS-70000-79999 TO WK-332-PROCS-70000-89999 IN BWWC3550, WHICH WILL NOW HOLD THE VALUES 70000-89999.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 136 RUN DATE 06/02/04

CSR LOG

NUMBER - 4515 SUB	BY- TRINA HOGAN	SUB FOR- MMIS SERVICES	PAGE - 2
ENTERED-10/13/03	PRIORITY-	EST-DAYS-000	REQD -
BEGIN-10/13/03 COM	PLETE-02/13/04 CLO	SE-	

- O ADD WH-007-PROC-CODE-SPCH-JUL-03 TO BWWC3550 WHICH WILL HOLD THE VALUE FOR PROCEDURE CODE '92611'.
- O ADD A NEW DATE CONSTANT (WK-000-JUNE-30-2003) TO BWWC3550 TO HOLD THE CENTURY DATE VALUE FOR JUNE 30, 2003.
- O ADD LOGIC TO SECTION S810-100-PROVIDER-EDITS OF BWPC3550 TO BYPASS THE POSTING OF EXCEPTION 332.
- O RECOMPILE PROGRAMS BWSC3550 AND BWOC0086.

10/13/03. ADDED - 269.

02/11/04. UPDATED - 158.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 137 RUN DATE 06/02/04

CSR LOG

NUMBER - 4517 SUB BY-	CHRISTINE CHUML SUB FOR - SANDY ASBACH	PAGE - 1
ENTERED-10/13/03	PRIORITY- EST-DAYS-000	REQD -
BEGIN-10/13/03 COMPLET	E- CLOSE-	

DESCRIPTION: MODIFY PDDD DIAGNOIS SCREEN

STATUS: AWAITING ANALYSIS

REQUEST CONTROL NUMBER: 4633

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

PLEASE ADD A BEGIN DATE AND END DATE FIELD TO THE PDDD REFERENCE FILE DIAGNOSIS (05) SCREEN. THIS SHOULD BE AN OPTIONAL FIELD. SEE ATTACHED EXAMPLE.

THIS HAS BEEN DISCUSSED WITH RANDY STAMP.

SYSTEM SPECIFICATIONS:

10/13/03. ADDED - 269.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 138 RUN DATE 06/02/04

CSR LOG

NUMBER - 4521 SUB BY- SANDY ASBACH SUB FOR- MMIS SERVICES PAGE- 1

ENTERED-10/21/03 PRIORITY- EST-DAYS-000 REQD-

BEGIN-10/21/03 COMPLETE-05/07/04 CLOSE-

DESCRIPTION: CHANGES TO EXCEPTION 169

STATUS:

REQUEST CONTROL NUMBER: 4636

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

PLEASE ADD THE FOLLOWING MODIFIERS AND/OR PROCEDURES TO EXCEPTION CODE 169 (MODIFIER INVALID WITH PROCEDURE):

MOD 26 WITH PROCEDURES G0252 THROUGH G0274 MOD TC WITH PROCEDURES G0252 THROUGH G0274

MOD HA WITH PROCEDURES T2022 AND 0351M FOR TOS 3

THIS HAS BEEN DISCUSSED WITH DARIN MORIN.

ADDENDUM AS OF OCTOBER 28, 2003 (DEBBIE COVERDELL)

CHANGES TO EXCEPTION 169 (MODIFIER INVALID WITH PROCEDURE):

ADD THE FOLLOWING PROCEDURE CODE TO THE CRITERIA FOR THE "BO" MODIFIER: TYPE OF SERVICE EQUAL TO "9", CLAIM TYPE EQUAL TO MEDICAL VENDOR "P" AND PROCEDURE CODE EQUAL TO B4100 VALID WITH "BO" MODIFIER.

MAKE THE FOLLOWING CHANGE TO THE KS MODIFIER: CLAIM TYPE "O" AND CLAIM TYPE "P" VALID WITH ANY PROCEDURE CODE.

MAKE THE FOLLOWING CHANGE TO THE KX MODIFIER: CLAIM TYPE "O" AND CLAIM TYPE "P" VALID WITH ANY PROCEDURE CODE.

MAKE THE FOLLOWING CHANGE TO THE NU MODIFIER: CLAIM TYPE "O" AND CLAIM TYPE "P" VALID WITH ANY PROCEDURE CODE.

ADDENDUM AS OF NOVEMBER 25, 2003 (SANDY ASBACH, DINEEN KILMER)

PLEASE ADD THE FOLLOWING PROCEDURE CODES TO EXCEPTION CODE 169 (MODIFIER INVALID WITH PROCEDURE) FOR TYPE OF SERVICE 3:

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 139 RUN DATE 06/02/04

CSR LOG

NUMBER - 4521 SUB BY- SANDY ASBACH SUB FOR- MMIS SERVICES PAGE - 2

ENTERED-10/21/03 PRIORITY- EST-DAYS-000 REQD
BEGIN-10/21/03 COMPLETE-05/07/04 CLOSE-

MODIFIER'S 5A AND 5B WITH PROCEDURE CODES 0001T - 0040T, 93580. MODIFIER'S U1, U2, U3, U4, U5, U6 WITH PROCEDURE CODE 93580.

PLEASE ADD THE FOLLOWING PROCEDURE CODES TO EXCEPTION 169 (MODIFIER INVALID WITH PROCEDURE FOR TYPE OF SERVICE 9:

MODIFIER RP WITH PROCEDURE CODES 5044V, 5051V, 5052V, 5056V.

THIS HAS BEEN DISCUSSED WITH DARIN MORIN.

ADDENDUM AS OF JANUARY 16, 2004 (SANDY ASBACH)

PLEASE UPDATE EXCEPTION CODE 169 (MODIFIER INVALID WITH PROCEDURE) FOR MODIFIER 53 (TERMINATED PROCEDURE) TO REPLACE THE SPAN OF PROCEDURE CODES G0001 - G0099 WITH PROCEDURE CODES G0001 - G9016.

THIS HAS BEEN DISCUSSED WITH DARIN MORIN.

ADDENDUM AS OF MARCH 2, 2004 (SANDY ASBACH)

PLEASE MAKE THE FOLLOWING CHANGE TO EXCEPTION CODE 169 (MODIFIER INVALID WITH PROCEDURE)

TH (OBSTETRICAL TREATMENT/SERVICES, PRENATAL OR POSTPARTUM), EFFECTIVE IMMEDIATELY FOR TYPE OF SERVICE 3 (PHYSICIAN CLAIMS) IS VALID WITH ANY PROCEDURE.

ADDENDUM AS OF MARCH $17,\ 2004$ (SANDY ASBACH)

ADD CHILDRENS PROGRAM TYPE OF SERVICE (C) TO THE ABOVE CSR CRITERIA FOR ADDENDUM AS OF MARCH 2, 2004.

ADDENDUM AS OF APRIL 16, 2004 (SANDY ASBACH)

PLEASE MAKE THE FOLLOWING CHANGE TO EXCEPTION CODE 169 (MODIFIER INVALID WITH PROCEDURE)

TH (OBSTETRICAL TREATMENT/SERVICES, PRENATAL OR POSTPARTUM), IS NO

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 140 RUN DATE 06/02/04

CSR LOG

NUMBER - 4521 SUB BY- S	SANDY ASBACH	SUB FOR- MMIS SERVICES	PAGE - 3
ENTERED-10/21/03	PRIORITY-	EST-DAYS-000	REQD -
BEGIN-10/21/03 COMPLETE	-05/07/04 CLO	SE-	

LONGER VALID WITH T1001 (PRENATAL ASSESSMENT), EFFECTIVE WITH DATES OF SERVICE 07/01/04.

SYSTEM SPECIFICATIONS:

- O MODIFIED THE LOGIC IN SECTION 8340-108-PROC-MOD-RANGE-010193 OF BWPC2050 TO BYPASS THE POSTING OF EXCEPTION 169 FOR MODIFIER 'HA' WITH A TYPE OF SERVICE OF OF '3'.
- O ADDED THE VALUES 'G0252' THROUGH 'G0274' TO WK-156-PROC-CODE-MOD-TC IN BWWC2050.
- O ADDED THE VALUES 'G0252' THROUGH 'G0274' TO WK-156-PROC-CODE-MOD-26 IN BWWC2050.
- O ADDED A NEW 88 LEVEL (WK-156-HIPAA-PROC-MOD-HA-C) TO BWWC2050 TO HOLD THE VALUES 'T2022' AND '0351M'.
- O RECOMPILE PROGRAMS BWSC2050 AND BWOC0034.

ADDENDUM AS OF OCTOBER 28, 2003 (DEBBIE COVERDELL)

- O MODIFIED THE LOGIC IN SECTION S340-108-PROC-MOD-RANGE-010193 OF BWPC2050 TO BYPASS THE POSTING OF EXCEPTION 169 FOR MODIFIER 'KS' WITH A CLAIM TYPE OF 'O' OR 'P'.
- O MODIFIED THE LOGIC IN SECTION S340-108-PROC-MOD-RANGE-010193 OF BWPC2050 TO BYPASS THE POSTING OF EXCEPTION 169 FOR MODIFIER 'KX' WITH A CLAIM TYPE OF 'O' OR 'P'.
- O MODIFIED THE LOGIC IN SECTION S340-108-PROC-MOD-RANGE-010193 OF BWPC2050 TO BYPASS THE POSTING OF EXCEPTION 169 FOR MODI-FIER 'NU' WITH A CLAIM TYPE OF 'O' OR 'P'.
- O ADDED THE VALUE 'B4100' TO 88 LEVEL WK-156-HIPAA-PROC-MOD-BO.
- O RECOMPILE PROGRAMS BWSC2050 AND BWOC0034.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 141 RUN DATE 06/02/04

CSR LOG

NUMBER - 4521 SUB BY-	SANDY ASBACH	SUB FOR- MMIS SERVICES	PAGE – 4
ENTERED-10/21/03	PRIORITY-	EST-DAYS-000	REQD -
BEGIN-10/21/03 COMPLET	E-05/07/04 CLO	SE-	

ADDENDUM AS OF NOVEMBER 25, 2003 (SANDY ASBACH, DINEEN KILMER)

- O MODIFIED THE LOGIC IN SECTION S340-108-PROC-MOD-RANGE-010193 OF BWPC2050 TO BYPASS THE POSTING OF EXCEPTION 169 FOR MODI-FIER '5A' '5B' 'U1' 'U2' 'U3' 'U4' 'U5' OR 'U6' IF THE TYPE OF SERVICE IS EQUAL TO '3' AND THE PROCEDURE CODE IS ONE OF THOSE SPECIFIED ABOVE.
- O MODIFIED THE LOGIC IN SECTION S340-108-PROC-MOD-RANGE-010193 OF BWPC2050 TO BYPASS THE POSTING OF EXCEPTION 169 FOR MODI-FIER 'RP' IF THE TYPE OF SERVICE IS EQUAL TO '9' AND THE PRO-CEDURE CODE IS EQUAL TO ONE OF THOSE SPECIFIED ABOVE.
- O ADDED A NEW 88 LEVEL (WK-156-PROC-CODE-MOD-RP-3) TO HOLD THE VALUES 5044V 5051V 5052V AND 5056V.
- O ADDED A NEW 88 LEVEL (WK-156-PROC-CODE-MOD-U1-U6) TO HOLD THE VALUE 93580.
- O ADDED A NEW 88 LEVEL (WK-156-PROC-CODE-MOD-5A-B) TO HOLD THE VALUES 0001T- 0040T AND 93580.
- O ADDED A NEW 88 LEVEL (WK-156-PROC-CODE-MOD-5B-C) TO HOLD THE VALUES 0001T- 0040T AND 93580.
- O RECOMPILE PROGRAMS BWSC2050 AND BWOC0034.

ADDENDUM AS OF JANUARY 16, 2004 (SANDY ASBACH)

- O MODIFIED THE VALUES IN WK-156-PROC-CODE-MOD-53 OF BWWC2050 TO REPRESENT THE ABOVE REQUESTED CHANGES.
- O RECOMPILE PROGRAMS BWSC2050 AND BWOC0034.

ADDENDUM AS OF MARCH 02, 2004 (SANDY ASBACH)

O MODIFIED THE LOGIC IN SECTION S340-108-PROC-MOD-RANGE-010193 OF BWPC2050 CONCERNING MODIFIER 'TH' TO STOP CHECKING FOR THE

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 142 RUN DATE 06/02/04

CSR LOG

NUMBER - 4521 SUB BY-	SANDY ASBACH	SUB FOR- MMIS SERVICES	PAGE - 5
ENTERED-10/21/03	PRIORITY-	EST-DAYS-000	REQD-
BEGIN-10/21/03 COMPLET	E-05/07/04 CLO	SE-	

FIRST DATE OF SERVICE AND PREVIOUSLY SPECIFIED PROCEDURE CODES.

- O DELETE THE 88 LEVEL WK-156-PROC-CODE-MOD-TH FROM BWWC2050, THESE VALUES ARE NO LONGER NEEDED IN VALIDATING MODIFIER 'TH'.
- O RECOMPILE PROGRAMS BWSC2050 AND BWOC0034.

ADDENDUM AS OF APRIL 16, 2004 (SANDY ASBACH)

- O MODIFIED THE LOGIC IN SECTION S340-108-PROC-MOD-RANGE-010193 OF BWPC2050 CONCERNING MODIFIER 'TH' TO POST EXCEPTION 169 IF THE PROCEDURE CODE IS EQUAL TO T1001 AND THE FIRST DATE OF SERVICE IS GREATER THAN OR EQUAL TO JULY 01, 2004.
- O RECOMPILE PROGRAMS BWSC2050 AND BWOC0034.

10/21/03. ADDED - 269.

04/29/04. UPDATED - 158.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 143 RUN DATE 06/02/04

CSR LOG

NUMBER - 4524	SUB BY- (CHRISTINE	CHUML	SUB	FOR-	MMIS	SERVICES	P.	AGE –	1
ENTERED-10/23/0	3	PRIORITY	7-	EST-DA	AYS-00	00			REQD-	
BEGIN-10/23/03	COMPLETE	-	CLOS	E-						

DESCRIPTION: ADD IND TO UR CRITERIA SCREEN

STATUS: AWAITING ANALYSIS

REQUEST CONTROL NUMBER: 4639

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

PLEASE ADD A NEW INDICATOR TO THE 10 SCREEN CRITERIA FILES FOR LIMIT AND CONTRAINDICATED PARAMETERS. IT SHOULD BE FOR "PERFORMING PROVIDER SPECIALTY" AND ALLOW AN 'S' OR A 'D' TO INDICATE 'SAME' OR 'DIFFERENT'.

THIS HAS BEEN DISCUSSED WITH DON BOOGERD.

SYSTEM SPECIFICATIONS:

10/23/03. ADDED - 269.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 144 RUN DATE 06/02/04

CSR LOG

```
NUMBER - 4527 SUB BY- JOHNA LITTLE SUB FOR- MONTE JOHNSON PAGE- 1
ENTERED-10/27/03 PRIORITY- EST-DAYS-000
                                                                 REOD -
BEGIN-10/27/03 COMPLETE-11/07/03 CLOSE-
       DESCRIPTION: ACCOUNT CODE CHANGES
       STATUS:
        REOUEST CONTROL NUMBER: 4642
        DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO
         UPDATES TO THE MMIS ACCOUNT CODE MANUAL,
            SECTION I, CHAPTER 2, PAGE 19
            080 FAMILY PLANNING
            MOVE THE FOLLOWING PROCEDURE CODES TO A NEW LIST AND ADD THE ADDI-
            TIONAL QUALIFIER:
            OR IF, PROGRAM CODE IS: G
            AND PROCEDURE CODE OR HCPCS IS:
            \tt 0178A,\ 0392M,\ 0393M,\ 0980M,\ 0981M,\ 0982M,\ 0991M,\ 0993M,\ 0994M,\ 0995M,
            0996M, 0997M, 0998M, 9010M, 9020M, 9804M, 56301, 58558, 58661, 76830, 76856, 76857, 80061, 80076, 81000, 82465, 82947, 82948, 82950, 82951,
            82952, 83001, 83002, 83718, 84146, 84443, 84478, 84702, 84703, 85004,
            85007, 85013, 85014, 85018, 85021, 85022, 85023, 85024, 85025, 85027,
            85031, 85032, 85049, 86701, 86702, 86703, 86762, 96901, 87534, 87535,
            87536, 87537, 87538, 87539, 88141, 88142, 88143, 88144, 88145, 88147,
            88148, 88150, 88152, 88153, 88154, 88155, 88161, 88164, 88165, 88166,
            88167,\ 88174,\ 88175,\ 88302,\ 88305,\ 88307,\ 89321,\ 90782,\ 99201,\ 99202,
            99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99217, 99233, 99239, 99241, 99242, 99243, 99244, 99245, A4550, G0001, J3490, J3490,
            J8499, P3000, P3001, Q0091, Q0144, T1017
         SYSTEM SPECIFICATIONS:
          IN ORDER TO COMPLETE THIS CSR THE FOLLOWING WILL NEED TO BE DONE.
          IN PROGRAM BWSC5050 - MAKE THE REQUESTED CHANGES TO S1C2P19.
```

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 145 RUN DATE 06/02/04

CSR LOG

		SUB FOR- MONTE JOHNSON	
ENTERED-10/27/0	3 PRIORITY-	EST-DAYS-000	REQD-
BEGIN-10/27/03	COMPLETE-11/07/03 CLC		
RECOMP	TIE DWGGEGEG		
RECOMP	ILE BWSC5050.		
10/27/03	. ADDED - 269.		
10/28/03	. UPDATED - 177.		
	. ADDED - 269 UPDATED - 177.		

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 146 RUN DATE 06/02/04

CSR LOG

NUMBER - 4528 SUB BY- JOHNA LITTLE SUB FOR- MMIS SERVICES PAGE- 1

ENTERED-10/27/03 PRIORITY- EST-DAYS-000 REQD
BEGIN-10/27/03 COMPLETE-10/31/03 CLOSE-

DESCRIPTION: CHANGES TO EXCEPTION 387

STATUS:

REQUEST CONTROL NUMBER: 4643

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

PLEASE BYPASS EXCEPTION CODE 387 (LOCAL PROCEDURE CODE NOT ALLOWED) IF ANY OF THE FOLLOWING LISTED PROCEDURE CODES ARE ON A CLAIM:

0350M-MONTHLY HMO CAPITATED PREMIUM FOR OTHER THAN NEWBORNS

0351M-MONTHLY HMO CAPITATED PREMIUM FOR NEWBORNS

0352M-MONTHLY PCCM PAYMENT

0360M-TPL HEALTH INSURANCE PREMIUM PAYMENT

0361M-TPL HEALTH INSURANCE SUPPLEMENTAL PREMIUM PAYMENT

THIS HAS BEEN DISCUSSED WITH DON BOOGERD.

ADDENDUM AS OF NOVEMBER 10, 2003 (DINEEN KILMER)

PLEASE BYPASS EXCEPTION CODE 387 WHEN ANY OF THE ABOVE PROCEDURE CODES ARE ON THE CLAIM AND THE CLAIM IS AN ADJUSTMENT.

THIS HAS BEEN DISCUSSED WITH DON BOOGERD.

SYSTEM SPECIFICATIONS:

 ${\tt BWOC0100}\,,\;{\tt BWSC2090}\,;\;{\tt ADD}\;{\tt LOGIC}\;{\tt TO}\;{\tt BYPASS}\;{\tt EXCEPTION}\;387\;{\tt SECTION}\;{\tt S100}\,.$

10/27/03. ADDED - 269.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 147 RUN DATE 06/02/04

CSR LOG

				. –
NUMBER - 4534 SUB BY-	ALLON PETERMAN	SUB FOR- MMIS SERVICES	PAGE – 1	
ENTERED-10/31/03	PRIORITY-	EST-DAYS-000	REQD -	_
BEGIN-10/31/03 COMPLETE	- CLO	SE-		_

DESCRIPTION: ADD F4 FUNCTION TO UR CRITERIA

STATUS: AWAITING ANALYSIS

REQUEST CONTROL NUMBER: 4649

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

ON THE CRITERIA FILE WHEN YOU ENTER A LIMIT OR CONTRAINDICATED PARAMETER THE SCREEN (SEE ATTACHED) THAT THE SYSTEM ALLOWS YOU TO SEE IS THE "DIAG-LIST" AND "PROC-LIST." PLEASE ALLOW USERS TO USE A KEY, SAY F4, TO ACCESS THESE LISTS WHILE STILL IN THIS SCREEN. THIS WOULD ONLY BE USED FOR INQUIRY. CHANGES TO THESE LISTS WOULD CONTINUE TO BE DONE BY GOING BACK TO THE CRITERIA FILE AND ENTERING THE APPROPRIATE INFORMATION

THIS HAS BEEN DISCUSSED WITH DON BOOGERD.

SYSTEM SPECIFICATIONS:

10/31/03. ADDED - 269.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 148 RUN DATE 06/02/04

CSR LOG

NUMBER - 4535 SUB BY- SUE HILTON SUB FOR- MMIS SERVICES PAGE- 1

ENTERED-11/05/03 PRIORITY- EST-DAYS-000 REQD
BEGIN-11/05/03 COMPLETE-12/19/03 CLOSE-

DESCRIPTION: CHANGES TO EXCEPTION 433

STATUS:

REQUEST CONTROL NUMBER: 4651

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

PLEASE ADD REVENUE CODE 129 TO THE EXCEPTION 433 HARD CODING (ATTACHED) UNDER THE CRITERIA FOR BOTH "S" INPATIENT CLAIMS AND "R" DRG CLAIMS.

SYSTEM SPECIFICATIONS:

TO COMPLETE THIS CSR THE FOLLOWING NEEDS TO BE DONE.

- 1. BWWC3530; ADDED VALUE 0129 TO 88 LEVEL WH-000-INV-DRG-REV-CODE.
- 2. RECOMPILE BWSC3530 AND BWOC0087.

11/05/03. ADDED - 269.

12/03/03. UPDATED - 551.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 149 RUN DATE 06/02/04

CSR LOG

 NUMBER - 4538 SUB BY- S	ANDRA RICCOLO	SUB FOR- MMIS SERVICE	 S PAGE - 1
		JUB FOR - MINIS JERVICE	
ENTERED-11/05/03	PRIORITY-	EST-DAYS-000	REQD-
BEGIN-11/05/03 COMPLETE-	CLOS	SE-	

DESCRIPTION: EXPAND POS ON PDDD FILE

STATUS: AWAITING ANALYSIS

REQUEST CONTROL NUMBER: 4654

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

PLEASE EXPAND THE 2-BYTE PLACE OF SERVICE FIELDS ON PAGE 2 OF THE PDD FILE (SCREEN 5) FROM 10 TO 20 2 BYTE FIELDS.

THIS HAS BEEN DISCUSSED WITH DARIN MORIN.

SYSTEM SPECIFICATIONS:

11/05/03. ADDED - 269.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 150 RUN DATE 06/02/04

CSR LOG

NUMBER - 4542 SUB BY- JOHNA LITTLE SUB FOR- CYNTHIA SMITH PAGE- 1

ENTERED-11/10/03 PRIORITY- EST-DAYS-000 REQD
BEGIN-11/10/03 COMPLETE- CLOSE-

DESCRIPTION: COST ESTIMATE FOR OPS

STATUS: AWAITING ANALYSIS

REQUEST CONTROL NUMBER: 4657

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

WE NEED A COST ESTIMATE FROM ACS ON OPS IMPLEMENTATION. AT THIS POINT I ANTICIPATE THE IMPLEMENTATION WILL INCLUDE, AT A MINIMUM, THE FOLLOWING:

- INSTALLATION OF THE OUTPATIENT CODE EDITOR (OCE) 3 SEPARATE TIME PRIOR TO IMPLEMENTATION
 - A. INITIAL INSTALLATION
 - B. UPDATE TO ASSESS LABOR INTENSITY & COST OF QUARTERLY UPDATES
 - C. UPDATE TO JULY 04 IN PREPARATION FOR AUGUST IMPLEMENTATION
- INSTALLATION AND CREATION OF PRICER TO INCLUDE AT LEAST THE FOL-LOWING CONSIDERATIONS FOR PRICING.
 - A. OUTLIER ALLOWED CHARGE AT THE LINE LEVEL AS WELL AS APC ALLOW-CHARGE
 - B. APC WT AND RATE
 - $\ensuremath{\text{C.}}$ PROCEDURE FACTOR CODES AND RATES
 - D. APC CASE RATE
 - E. APC DISCOUNT FACTOR
 - F. OUTLIER PACKAGED CHARGE
 - G. OUTLIER APC PERCENT
 - $\ensuremath{\text{\text{H.}}}$ OUTLIER LINE ITEM APPORTIONED CHARGE
 - I. OUTLIER TOTAL CHARGE
 - J. OUTLIER POAC ALLOWED
 - K. HIGH OUTLIER THRESHOLD
 - L. HIGH OUTLIER THRESHOLD PERCENT
 - M. HIGH OUTLIER DISCOUNT PERCENT
 - N. APC/HCPCS PROCEDURE CODE
 - O. PAYMENT APC
 - P. APC PAYMENT INDICATOR
 - Q. APC DISCOUNT FORMULA INDICATOR

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

151 PAGE RUN DATE 06/02/04

CSR LOG

NUMBER - 4542 SUB BY- 3	JOHNA LITTLE	SUB FOR- CYNTHIA SMITH	PAGE - 2
ENTERED-11/10/03	PRIORITY-	EST-DAYS-000	REQD-
BEGIN-11/10/03 COMPLETE	- CLC	 SE-	

- 3. THE FOLLOWING IS AN INITIAL LIST OF NECESSARY OUTPUT ELEMENTS:
 - A. OUTLIER ALLOWED CHARGE AT THE LINE LEVEL AS WELL AS APC ALLOW-ED CHARGE
 - B. OUTLIER LINE ITEM APPORTIONED CHARGE
 - C. APC WT AND RATE
 - D. APC/HCPCS PROCEDURE CODE
 - E. PAYMENT APC
 - F. APC DENY REFECTION FLAG

 - G. APC PACKAGE FLAG

 - H. APC PAYMENT ADJUSTMENT FLAG
 I. APC PAYMENT METHOD FLAG

 - J. APC SERVICE UNITS
 - K. APC CHARGE
 - L. APC LINE ITEM FLAG
- 4. CREATION OF APC GROUPER PAGE AS WELL AS SCREEN LIKE THE ATTACHED PROVIDER CHARGE INQUIRY THAT REIMBURSEMENT STAFF CAN SOFT CODE PAYMENT METHODOLOGY.

ATTACHMENTS:

OCE (HC) INSTALLATION AND USER GUIDE FOR PC VERSION 4.3 OCE (FLOPPY) INSTALLATION AND USER GUIDE FOR PC VERSION 4.3OCE/APC (TAPE) MAINFRAME VERSION 4.3 EXAMPLE PROVIDER CHARGE SOURCE INQUIRY

SYSTEM SPECIFICATIONS:

11/10/03. ADDED - 269.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 152 RUN DATE 06/02/04

CSR LOG

NUMBER - 4545 SUB	BY- SANDY ASBACH	SUB FOR- MMIS SERVICES	PAGE - 1
ENTERED-11/19/03	PRIORITY-	EST-DAYS-000	REQD -
BEGIN-11/19/03 COMP	LETE-01/16/04 CLC	SE-	

DESCRIPTION: CHANGES TO EXCEPTION 117

STATUS:

REQUEST CONTROL NUMBER: 4666

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

ON DECEMBER 14, OF 1992, IN PREPARATION OF RBRVS, MMIS REQUESTED BY CSR THAT ACS CONVERT MODIFIER 28 AND MODIFIER 29 TO MODIFIERS 26 (PROFESSIONAL COMPONENT) AND TC (TECHNICAL COMPONENT) FOR RADIOLOGY AND LABORATORY PROCEDURES. THIS CONVERSION IS STILL IN PLACE AND DUE TO HIPAA COMPLIANCE, WE NEED TO STOP CONVERTING. IN ADDITION, THESE 2 MODIFIERS SHOULD BE REMOVED FROM EXCEPTION CODE 117 (INVALID PROCEDURE CODE MODIFIER), EFFECTIVE IMMEDIATELY, SO THEY WILL POST AS INVALID AND BE DENIED APPROPRIATELY.

THIS HAS BEEN DISCUSSED WITH DARIN MORIN.

ADDENDUM AS OF DECEMBER 12, 2003

PLEASE STOP CONVERTING MODIFIER 27 TO MODIFIER TC (TECHNICAL COMPONENT). IN ADDITION, THIS MODIFIER SHOULD BE REMOVED FROM EXCEPTION CODE 117 (INVALID PROCEDURE CODE MODIFIER), EFFECTIVE IMMEDIATELY, SO IT WILL POST AS INVALID AND BE DENIED APPROPRIATELY.

THIS HAS BEEN DISCUSSED WITH DARIN MORIN.

SYSTEM SPECIFICATIONS:

- O REMOVE THE LOGIC IN SECTION S342-000-MODIFIER-CONVERSION OF BWPC2050 THAT CONVERTED PROCEDURE CODE MODIFIER '28' TO '26' OR 'TC'.
- O REMOVE THE LOGIC IN SECTION S342-000-MODIFIER-CONVERSION OF BWPC2050 THAT CONVERTED PROCEDURE CODE MODIFIER '29' TO '26' OR 'TC'.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 153 RUN DATE 06/02/04

CSR LOG

NUMBER - 4	1545 SUB BY- SAN.	OY ASBACH	SUB FOR- MMIS	SERVICES	PAGE -	2
ENTERED-11/	/19/03 P	RIORITY-	EST-DAYS-000		REQD-	
BEGIN-11/19	9/03 COMPLETE-01	/16/04 CLC	OSE-			
0	RECOMPILE PROG	RAM BWSC205	0 AND BWOC0034.			
AD	DDENDUM AS OF DEC	MBER 12, 2	003			
0			CTION S342-000-MC			
0	RECOMPILE PROG	RAM BWSC205	0 AND BWOC0034.			

11/19/03. ADDED - 269.

01/12/04. UPDATED - 158.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 154 RUN DATE 06/02/04

CSR LOG

NUMBER - 4546 SUB BY-	SANDY ASBACH	SUB FOR- MMIS SERVICES	PAGE - 1
ENTERED-11/19/03	PRIORITY-3	EST-DAYS-000	REQD-
BEGIN-11/19/03 COMPLET	E- CLC)SE-	

DESCRIPTION: ADD NOTE PAGES FOR PA SCREENS

STATUS: AWAITING ANALYSIS

REQUEST CONTROL NUMBER: 4667

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

CURRENTLY THE 11 SCREEN (PRIOR AUTHORIZATION) IN THE MMIS CONTAINS ONLY 1 PAGE (F3) FOR NOTES AND DOCUMENTATION. IN ORDER TO AVOID, DELETING OLD INFORMATION, TO ADD NEW INFORMATION AND CREATING NEW AUTHORIZATION NUMBERS AND REFERENCING OLD NUMBERS IN THE NEW ONES, ETC IT IS NECESARY TO REQUEST THE CAPABILITY OF SCROLLING TO ADDITIONAL PAGES. SEE ATTACHED SAMPLES OF THE MMIS 11 SCREEN.

THIS HAS BEEN DISCUSSED WITH DARIN MORIN.

SYSTEM SPECIFICATIONS:

11/19/03. ADDED - 269.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 155 RUN DATE 06/02/04

CSR LOG

NUMBER - 4547 SUB BY-	SANDY ASBACH	SUB FOR- MMIS SERVICES	PAGE - 1
ENTERED-11/19/03	PRIORITY-	EST-DAYS-000	REQD -
BEGIN-11/19/03 COMPLET	TE-12/26/03 CLO	SE-	

DESCRIPTION: CHANGES TO EXCEPTION 353

STATUS:

REOUEST CONTROL NUMBER: 4668

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

IN ORDER TO BE COMPLIANT WITH HIPAA, MAA WILL ACCEPT BOTH DIAGNOSIS FIELDS FOR EACH DETAIL LINE ON THE 837 CLAIM FORM AND MAA HAS REDEFINED THE MMIS SCREEN FORMAT TO ALSO HOLD BOTH DIAGNOSIS CODES. THIS HAS CREATED A PROBLEM WITH EXCEPTION 353 (PRIOR AUTHORIZATION REQUIRED). A PREVIOUS CSR REQUESTED THAT EXCEPTION CODE 353 BE BYPASSED IF HYSTERECTOMY CODES (E.G. 58150, 59525) WERE BILLED ON THE DETAIL LINE AND SPECIFIC DIAGNOSIS WERE PRESENT IN THE CROSS REFERENCE. CURRENTLY, MMIS IS CHECKING ONLY FIRST DIAGNOSIS FIELD FOR THE SPECIFIC DIAGNOSIS.

PLEASE UPDATE EXCEPTION CODES 353 IN SECTION (2.4.C) WITH THE FOLLOWING INFORMATION. IF ONE OF THE NOTED HYSTERECTOMY CODES IS BILLED ON THE DETAIL LINE AND ONE OF THE NOTED DIAGNOSIS IS PRESENT IN EITHER 1ST OR 2ND DIAGNOSIS FIELD, DO NOT POST EXCEPTION 353, ELSE, POST EXCEPTION 353. PLEASE DO NOT CHANGE ANY OF THE OTHER EXISTING CRITERIA FOR THIS SECTION.

ALSO IN THE SAME PREVIOUS CSR AS MENTIONED ABOVE IT WAS REQUESTED THAT IF ADMITS (E.G. 99221, 99223) WERE BILLED ON THE DETAIL LINE AND A SPECIFIC DIAGNOSIS WAS PRESENT, THEN POST EXCEPTION 353. CURRENTLY MMIS IS CHECKING BOTH DIAGNOSIS FIELDS AND DOES NOT POST IF ONE OF THE DETAIL LINE DIAGNOSIS FIELDS CONTAINS A DIAGNOSIS THAT IS NOT NOTED IN THE CROSS REFERENCE.

PLEASE UPDATE EXCEPTION CODE 353 IN SECTION (2.4.D) WITH THE FOLLOWING INFORMATION. IF ONE OF THE NOTED ADMIT CODES IS BILLED ON THE DETAIL LINE AND ONE OF THE NOTED SPECIFIC DIAGNOSIS IS PRESENT IN THE 1ST DIAGNOSIS FIELD, THEN POST EXCEPTION 353. IF A DIAGNOSIS OTHER THAN ONE OF THE NOTED DIAGNOSIS IS IN 1ST DIAGNOSIS FIELD, THEN DO NOT POST EXCEPTION 353. IF ONE OF THE NOTED DIAGNOSIS IS PRESENT IN 1ST AND 2ND DIAGNOSIS FIELDS, THEN POST EXCEPTION 353. IF DIAGNOSIS OTHER THAN THE SPECIFIC NOTED DIAGNOSIS IS PRESENT IN 1ST AND 2ND DIAGNOSIS FIELD, THEN DO NOT POST EXCEPTION 353. PLEASE DO NOT CHANGE ANY OF THE OTHER

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 156 RUN DATE 06/02/04

CSR LOG

NUMBER - 4547 SUB BY-	SANDY ASBACH	SUB FOR- MMIS SERVICES	PAGE - 2
ENTERED-11/19/03	PRIORITY-	EST-DAYS-000	REQD -
BEGIN-11/19/03 COMPLET	E-12/26/03 CLO	SE-	

EXISTING CRITERIA FOR THIS SECTION.

THIS HAS BEEN DISCUSSED WITH DARIN MORIN.

SYSTEM SPECIFICATIONS:

- O ADDED LOGIC TO SECTION S700-000-PRIOR-AUTH-EDITS OF BWPC3550 TO MOVE THE SECOND DIAGNOSIS CODE FIELD TO A HOLD AREA.
- O ADDED LOGIC TO SECTION S701-000-DETER-POST-EXC-353 OF BWPC3550 TO MODIFY THE POSTING OF EXCEPTION 353, CONCERNING CRITERIA '2.4.C' AND '2.4.D'.
- O ADDED LOGIC A NEW HOLD AREA (WK-100-CHECK-DIAG-CODE-3) TO BWWC3550 TO HOLD THE SECOND DIAGNOSIS CODE FIELD.
- O ADDED A NEW 88 LEVEL (WK-100-HYSTERECTOMY-DIAG-CD-3) TO THE ABOVE HOLD AREA IN BWWC3550.
- O ADDED LOGIC TO SET A SWITCH IN INCLUDE MEMBER S0210, THIS SWITCH WILL BE USED IN BWPC3550 TO POST EXCEPTION 353 FOR SUBSECTION '2.4.D'.
- O ADDED A NEW SWITCH (WS-210-POST-353-SW) TO WH321050.
- O RECOMPILE THE FOLLOWING PROGRAMS: BWSC3530 BWSC3550 BWSC3570 BWOC0086 BWOC0087 AND BWOC090.

11/19/03. ADDED - 269.

12/23/03. UPDATED - 158.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 157 RUN DATE 06/02/04

CSR LOG

NUMBER - 4548 SUB BY- PATTY ORTH SUB FOR- KATHY FERTUNA PAGE - 1

ENTERED-11/19/03 PRIORITY- EST-DAYS-000 REQD
BEGIN-11/19/03 COMPLETE-12/19/03 CLOSE-

DESCRIPTION: MODIFY POINT OF SALE ITA VALUES

STATUS:

REQUEST CONTROL NUMBER: 4670

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

THE OTHER COVERAGE CODES HAVE CHANGED IN THE POINT OF SALE SYSTEM. PLEASE MAKE THE FOLLOWING CHANGES TO THE ITA VALUES AND TO THE ITA HIERARCHY LIST FOR PRESCRIPTION DRUG CLAIMS:

OTHER COVERAGE CODE 2 HAS CHANGED TO 8 "CAPITATED CONTRACTED COPAYMENT". THE 8 WILL TRANSLATE TO G IN THE ITA FIELD IF THERE IS NO OTHER AMOUNT PRESENT. G WILL BE FIRST (HIGHEST PRIORITY) ON THE HIERARCHY LIST.

OTHER COVERAGE CODE 7 HAS BEEN ADDED FOR "COVERAGE NOT IN EFFECT AT TIME OF SERVICE". THE 7 WILL TRANSLATE TO 7 IN THE ITA FIELD IF THERE IS NO OTHER AMOUNT PRESENT AND WILL BE THIRD ON THE HIERARCHY LIST.

THIS HAS BEEN DISCUSSED WITH RANDY STAMP.

SYSTEM SPECIFICATIONS:

CODE WILL BE ADDED TO BWMX5000 TO CHECK THE OTHER-INSURANCE-IND FIELD FOR A '7' AND OTHER-AMOUNT EQUAL TO ZERO. IF SO, A '7' WILL BE MOVED TO THE ITA FIELD AS REQUESTED.

11/19/03. ADDED - 269.

12/16/03. UPDATED - 521.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 158 RUN DATE 06/02/04

CSR LOG

NUMBER - 4549 SUB BY-	SANDY ASBACH	SUB FOR- MMIS SERVICES	PAGE - 1
ENTERED-11/19/03	PRIORITY-	EST-DAYS-000	REQD-
BEGIN-11/19/03 COMPLET	E-12/26/03 CLC	OSE-	

DESCRIPTION: CHANGES TO EXCEPTION 343

STATUS:

REQUEST CONTROL NUMBER: 4671

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

IN ORDER TO BE COMPLIANT WITH HIPAA, MAA WILL ACCEPT BOTH DIAGNOSIS FIELDS FOR EACH DETAIL LINE ON THE 837 CLAIM FORM AND MAA HAS REDEFINED THE MMIS SCREEN FORMAT TO ALSO HOLD BOTH DIAGNOSIS CODES. THIS HAS CREATED A PROBLEM WITH EXCEPTION CODE 343 (NON ALLOWABLE DIAGNOSIS).

CURRENTLY MMIS SUSPENDS EXCEPTION CODE 343 IF EITHER 1ST OR 2ND DIAG-NOSIS FIELD ON THE DETAIL LINE OF A PHYSICIAN (J) CLAIM OR EPSDT (L) CLAIM CONTAINS A NON ALLOWABLE DIAGNOSIS, CONTROL INDICATOR "1" ON THE PDDD (05 SCREEN) FILE. CLAIMS PROCESSING IS CHECKING BOTH DIAGNOSIS FIELDS TO DETERMINE WHICH FIELD HOLDS THE NON ALLOWABLE DIAGNOSIS.

PLEASE UPDATE THE SYSTEM TO LOOK AT BOTH OF THE FIELDS ON THE DETAIL LINE AND IF 1ST DIAGNOSIS FIELD CONTAINS A "1" IN THE INDICATOR FIELD ON THE PDDD FILE, THEN POST EXCEPTION CODE 343. DO NOT POST EXCEPTION CODE 343 IF 1ST DIAGNOSIS FIELD CONTAINS A "0" AND 2ND DIAGNOSIS FIELD CONTAINS A "1". PLEASE DO NOT CHANGE ANY OF THE OTHER EXISTING CRITERIA IN EXCEPTION CODE 343.

THIS HAS BEEN DISCUSSED WITH DARIN MORIN.

SYSTEM SPECIFICATIONS:

- O ADDED LOGIC TO SECTION S210E-VALIDATE-DIAGNOSIS OF INCLUDE MEMBER S0210, WHICH WILL NOW BYPASS THE POSTING OF EXCEPTION 0343 IF THE ABOVE CRITERIA HAS BEEN SATISFIED.
- O RECOMPILE PROGRAM BWSC3530 BWSC3550 BWSC3570 BWOC0086 BWOC0087 AND BWOC0090.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 159 RUN DATE 06/02/04

CSR LOG

		SUB FOR- MMIS SERVICES	
ENTERED-11/19/03	B PRIORITY-	EST-DAYS-000	REQD -
BEGIN-11/19/03	COMPLETE-12/26/03 CLC		
11/19/03.	. ADDED - 269.		
12/22/03.	UPDATED - 158.		

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 160 RUN DATE 06/02/04

CSR LOG

NUMBER - 4554 SUB BY- JOHNA LITTLE SUB FOR- MMIS SERVICES PAGE- 1

ENTERED-12/01/03 PRIORITY- EST-DAYS-000 REQD
BEGIN-12/01/03 COMPLETE-12/19/03 CLOSE-

DESCRIPTION: CHANGES TO 834 TRANSACTION

STATUS:

REQUEST CONTROL NUMBER: 4676

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

PLEASE MAKE THE FOLLOWING CHANGES TO THE CURRENT 834 TRANSACTION FILE THAT IS TRANSMITTED TO THE MANAGED CARE PLANS ON A MONTHLY BASIS. PLEASE PRODUCE ONE FILE THAT HAS ALL "ADDS", "CHANGES" AND "TERMS".

THIS HAS BEEN DISCUSSED WITH BOTH GORDON WELCH AND BRIAN HERSETH AND IT WAS DECIDED TO USE THE CSR PROCESS RATHER THAN MAKE CHANGES VIA THE HIPAA PROJECT.

MAA WOULD LIKE TO HAVE THIS CHANGE IN PLACE FOR 1/1/04 PREMIUM GENERATION ON 12/23/03.

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT MICHELLE SENN, AT 360-725-1643.

SYSTEM SPECIFICATIONS:

TO COMPLETE THIS CSR THE FOLLOWING NEEDS TO BE DONE.

1. MODIFY PROGRAM BWMH7060 TO INCLUDE THE 'ADDS' TO THE CURRENT UPDATE TRANSACTION FILE.

12/01/03. ADDED - 269.

12/20/03. UPDATED - 516.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 161 RUN DATE 06/02/04

CSR LOG

TERED-12/01/03 GIN-12/01/03 COMPL	PRIORITY-			
EGIN-12/01/03 COMPL		EST-DAYS-000	REQD-	
		LOSE-		
DESCRIPTION: A	DD PHS PROV TO I	DRUG REBATE		
STATUS:				
REQUEST CONTR	OL NUMBER: 4678			
DESCRIPTION O	F REQUEST: Y2K 1	IMPACT: MAA: NO CONSULTEC: N	0	
		THE LIST OF PHS EXEMPT PROVIDED TO TOTAL OF THE PROVIDED TO TH	RS THAT ARE	
2492700	PUGET SOUND BI	LOOD CENTER		
7013303		COUNTY HEALTH DIST		
7018500		-CO HEALTH DEPT		
7028004	WHATCOM COUNTY	HEALTH DEPT		
7034004	COUNTRY DOCTOR	R CLINIC		
7034739	GARFIELD COUNT	TY HEALTH DISTRICT		
7037716	TACOMA PIERCE	CO HEALTH DEPT		
7043656	PLU WELLNESS (CLINIC		
7046493	ISLAND COUNTY	HEALTH DEPARTMENT		
7050883	LA CLINICA SOU	JTH COLUMBIA		
7052582	COLUMBIA VALLE	EY COMM HLTH SVCS		
7056518	COLUMBIA COUNT	TY PUBLIC HEALTH		
7056849	OKANOGAN COUNT	TY HEALTH DIST		
7057219	ADAMS COUNTY F	HEALTH DISTRICT		
7062425	COLUMBIA BASIN	N HEALTH ASSOC		
7071269	SEA MAR COMMUN	NITY HEALTH CENTER		
7104409		ALTH & HUMAN SVCS		
7144009	THURSTON COUNT	TY HEALTH DEPT		
7144405	MASON CO HEALT			
7162209	COWLITZ COUNTY			
7181704		HEALTH DEPARTMENT		
7246903		N DISTRICT HEALTH		
7318504	GRANT CO HEALT			
7900277	PACIFIC LUTHER			
7900467	SKAGIT CO HEAI			
7902703	PACIFIC CO HEA	ALTH & HUMAN SVCS		
PLEASE REMOVE	THE FOLLOWING E	FROM THE LIST OF PHS EXEMPT PRO	OVIDERS	

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 162 RUN DATE 06/02/04

CSR LOG

NUMBER - 4556 SUB BY-	PATTY ORTH	SUB FOR- CONNIE RIDDLE	PAGE - 2
ENTERED-12/01/03	PRIORITY-	EST-DAYS-000	REQD -
BEGIN-12/01/03 COMPLETE	G-12/12/03 CLO	SE-	

6030175 45TH STREET CLINIC

THIS HAS BEEN DISCUSSED WITH RANDY STAMP.

SYSTEM SPECIFICATIONS:

TO COMPLETE THIS CSR THE FOLLOWING NEEDS TO BE DONE.

- 1. ADD THE PROVIDERS TO TABLE WT990950.
- 2. RECOMPILE PROGRAMS BWMQ2000 AND BWMQ3000

12/01/03. ADDED - 269.

12/05/03. UPDATED - 551.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 163 RUN DATE 06/02/04

CSR LOG

NUMBER - 4557 SUB BY-	PATTY ORTH	SUB FOR- MMIS SERVICES	PAGE - 1
ENTERED-12/04/03	PRIORITY-	EST-DAYS-000	REQD-
BEGIN-12/04/03 COMPLET	E-02/04/04 CLC	SE-	

DESCRIPTION: COST ESTIMATE FOR TIP

STATUS:

REQUEST CONTROL NUMBER: 4679

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

PLEASE WORK UP A COST ESTIMATE AND DESIGN DOCUMENT FOR THE THERAPEUTIC INTERCHANGE PROGRAM WHICH HAS AN IMPLEMENTATION DATE OF MARCH 1, 2004. A WEEKLY FILE FROM DEPARTMENT OF HEALTH WILL INDICATE ENDORSING PROVIDERS. AN ONLINE UPDATABLE FLAG FOR ENDORSING PROVIDERS IS NECESSARY. DISPENSE AS WRITTEN "1" WILL BYPASS NON-PREFERRED DRUGS ON THE PREFERRED DRUG LIST AND IF BYPASSED WILL NOT COUNT TOWARDS THE TCS BRAND CAPLIMIT.

THIS HAS BEEN DISCUSSED WITH RANDY STAMP.

SYSTEM SPECIFICATIONS:

12/04/03. ADDED - 269.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 164 RUN DATE 06/02/04

CSR LOG

NUMBER - 4560 SUB BY- CATHIE OTT SUB FOR- DIANE KESSEL PAGE - 1

ENTERED-12/05/03 PRIORITY- EST-DAYS-000 REQD
BEGIN-12/05/03 COMPLETE-01/09/04 CLOSE-

DESCRIPTION: DISCONTINUE CHIP CLIENT EXTRACT

STATUS:

REQUEST CONTROL NUMBER: 4682

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

EFFECTIVE APRIL 2004 PLEASE DISCONTINUE PRODUCTION OF THE MONTHLY DATA EXTRACT OF CHIP CLIENTS THAT IS DONE ON THE LAST WORKING DAY OF THE MONTH. THE LAST CHIP EXTRACT WILL BE DONE ON MARCH 31, 2004. OFR IS GOING TO BE GETTING THIS INFORMATION DIRECTLY FROM ACES SO WE WON'T NEED THIS EXTRACT.

ATTACHED IS A COPY OF CSR #3269 WHERE WE REQUESTED THE DATA EXTRACT OF CHIP CLIENTS.

SYSTEM SPECIFICATIONS:

TO COMPLETE THIS CSR THE FOLLOWING NEEDS TO BE DONE.

1. MODIFY JCL BWMR9400 TO STOP ZIPPING AND TRANSMITTING THE EXTRACT.

12/05/03. ADDED - 269.

01/09/04. UPDATED - 516.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 165 RUN DATE 06/02/04

CSR LOG

NUMBER - 4563 SUB BY- CATHIE OTT SUB FOR- BARBARA LANTZ PAGE- 1

ENTERED-12/08/03 PRIORITY- EST-DAYS-000 REQD
BEGIN-12/08/03 COMPLETE-01/16/04 CLOSE-

DESCRIPTION: CAMPS DATA EXTRACT

STATUS:

REQUEST CONTROL NUMBER: 4684

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

THIS REQUEST FOR DATA IS SIMILAR TO CSR 3969 COMPLETED IN JANUARY 2003 AND ACS MEMORANDUM NOS. 2928 AND 2954.

THE BASIC TASK:

THERE IS ONE TASK COVERED BY THIS REQUEST. COMPILING OF ONE S-CHIP POPULATION FRAMES FOR THE CONSUMER ASSESSMENT OF HEALTH PLANS SURVEY (CAHPS) (EXCLUDING THIRD PARTY LIABILITY CLIENTS ACTIVE ANYTIME DURING THE ENROLLMENT PERIOD) USING THE RECORD LAYOUT IN ATTACHMENT A.

PLEASE CONTACT BARBARA LANTZ AT 360-725-1620 PRIOR TO PROCESSING THIS REQUEST. I WOULD LIKE TO HOLD A CONFERENCE CALL WITH THE PROGRAMMER, EXTERNAL QUALITY REVIEW CONTRACTOR AND SUBCONTRACTOR TO INSURE ACCURACY AND UNDERSTANDING OF THE REQUEST PRIOR TO COMPLETION.

PROGRAMMING CHANGES:

THIS YEAR'S VERSION OF THE CSR CONTAINS ELEMENTS FROM CSR 3969 WITH THE FOLLOWING CHANGES:

- * REFORMAT OF THE DATA LAYOUT, MORE SPECIFIC INSTRUCTIONS, AND ELIM-INATION OF SOME DATA ELEMENTS;
- * EXPANDED DATE OF BIRTH TIME FRAMES;
- * SPECIFIC EXCLUSION OF THIRD PARTY LIABILITY ENROLLEES; AND
- * ADDITION OF THE SPANISH LANGUAGE FIELD IN THE SAMPLE FRAME.

S-CHIP SAMPLE FRAME:

SAMPLE FRAME: THE SAMPLE FRAME SHOULD INCLUDE CLIENTS ENROLLED IN S-CHIP HEALTH PLANS MEETING THE FILTER CRITERIA BELOW, EXCLUDING THIRD PARTY LIABLITY (TPL) CHILDREN.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 166 RUN DATE 06/02/04

CSR LOG

NUMBER - 4563 SUB BY- CATHIE OTT SUB FOR- BARBARA LANTZ PAGE- 2
ENTERED-12/08/03 PRIORITY- EST-DAYS-000 REQD-
BEGIN-12/08/03 COMPLETE-01/16/04 CLOSE-
THE PLANS: USE THE PLAN ID AND PROVIDER NUMBER TO LINK THE CHILD WITH THE HEALTH PLAN. THE PROVIDER NUMBER AND PLAN ID ARE PROVIDED IN ATTACHMENT B. AGE: THE CRITICAL BIRTH DATES ARE GIVEN IN FILTER CRITERIA BELOW. FRAME COUNT: THERE IS ONE SAMPLE FRAME, S-CHIP MANAGED CARE. FILTER CRITERIA: ALL S-CHIP CLIENTS ARE TO BE INCLUDED IN THE FRAMES ONLY IF THEY MEET THE FOLLOWING CRITERIA: PROGRAM CODE: N MATCH CODE: S MEDICAID ELIGIBILITY CODE: 0 DOB: >=1/1/86 AND <=12/31/03 (17 YEARS OF AGE AND YOUNGER AS OF 12/31/03) ENROLLMENT: CONTINUOUS IN A SINGLE HEALTH PLAN BETWEEN 7/1/03 AND 12/31/03. ALLOW FOR SINGLE, ONE-MONTH BREAK IN ENROLLMENT. A BREAK IN ENROLLMENT MAY OCCUR AT ANY TIME IN THE ENROLLMENT PERIOD. PRIMARY LANGUAGES: PRIMARY LANGUAGE CODE OF 13 (ENGLISH) AND 03 (SPANISH).
PLEASE PROVIDE COUNTS ON LENGTH OF ENROLLMENT FOR CHIP CHILDREN IN MANAGED CARE. THE DATA LAYOUT WOULD BE: ENROLLMENT IN MONTHS COUNT 2 3 4 5 6
DOCUMENTATION REQUIRED: FILTER CRITERIA SPECIFICATIONS AS IMPLEMENTED. RECORD LAYOUT OF OUTPUT FILES DATA DICTIONARY THE SAMPLE FRAME SHOULD BE DELIVERED TO JOHNA LITTLE OF THE INFORMATION SERVICES DIVISION FOR CONVERSION TO LEFT JUSTIFIED, FIXED-LENGTH UNDE- LIMITED ASCII TEXT FILES. JOHNA WILL DELIVER THE CONVERTED FILE TO

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 167 RUN DATE 06/02/04

CSR LOG

NUMBER - 4563 SUB BY-	CATHIE OTT	SUB FOR- BARBARA LANTZ	PAGE - 3
ENTERED-12/08/03	PRIORITY-	EST-DAYS-000	REQD-
BEGIN-12/08/03 COMPLET	E-01/16/04 CLO	SE-	

BARBARA LANTZ, 725-1620. THE ASCII FILES MAY BE DELIVERED TO THE REQUESTER BY DISKETTE.

WE NEED TO HAVE THIS COMPLETED BY JANUARY 9, 2004.

SYSTEM SPECIFICATIONS:

PROGRAMS AND PROCESSES DEVELOPED DURING PREVIOUS CAHPS EXTRACTS WERE USED AND MODIFIED. PROGRAMS CSR4563A, CSR4563B, AND CSR4563C PERFORMED THE NECESSARY EDITING AND FORMATTING.

12/08/03. ADDED - 269.

01/12/04. UPDATED - 521.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 168 RUN DATE 06/02/04

CSR LOG

NUMBER - 4566 SUB BY- PATTY ORTH SUB FOR- CONNIE RIDDLE PAGE- 1

ENTERED-12/12/03 PRIORITY- EST-DAYS-000 REQD
BEGIN-12/12/03 COMPLETE-03/26/04 CLOSE-

DESCRIPTION: DRUG REBATE LABEL CHANGE

STATUS:

REQUEST CONTROL NUMBER: 4688

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

PLEASE UPDATE THE INVOICING PROCESS TO SEND PAPER INVOICES TO THE CONTACT LISTED IN THE INV-ADD FIELD, AND DISC/TAPE INVOICES TO THE CONTACT LISTED IN THE UTIL-ADD FIELD. IF BOTH FIELDS HAVE THE SAME CONTACT CREATE ONE MAILING LABEL, IF THEY ARE DIFFERENT CREATE MAILING LABELS FOR EACH.

THIS HAS BEEN DISCUSSED WITH RANDY STAMP.

SYSTEM SPECIFICATIONS:

IN ORDER TO IMPLEMENT THIS CSR, THE FOLLOWING WILL NEED TO BE DONE:

- O ADD LOGIC IN S450-000-SET-ADDRESS-IND OF PROGRAM BWMQ4000 TO SET THE ADDRESS INDEX BASED ON THE INV-ADD FIELD FOR PAPER IN-VOICES, AND THE UTIL-ADD FIELD FOR TAPE INVOICES.
- O ADD LOGIC IN S400-000-LABELER-BREAK TO WILL PRINT UTILIZATION ADDRESS LABELS ONLY IF THE OUTPUT-MEDIA-IND IS 'T' OR THE UTIL-ADD FIELD IS DIFFERENT FROM THE INV-ADD FIELD.

12/12/03. ADDED - 269.

03/04/04. UPDATED - 516.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 169 RUN DATE 06/02/04

CSR LOG

NUMBER - 4568 SUB BY-	PATTY ORTH	SUB FOR- MMIS SERVICES	PAGE - 1
ENTERED-12/17/03	PRIORITY-	EST-DAYS-000	REQD-
BEGIN-12/17/03 COMPLET	E- CLC	OSE-	

DESCRIPTION: MODIFY BWMF5700 REPORTS

STATUS: IN PROCESS

REQUEST CONTROL NUMBER: 4689

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

PLEASE CHANGE THE FORMAT OF REPORT BWMF5700-R002 (PROCEDURE CODE UPDATE ACTIVITY) AND BWMF5700-R004 (PROVIDER CHARGE FILE UPDATE ACTIVITY).

PLEASE PAGE BREAK FOLLOWING "RECORD ADDED", "RECORD DELETED" OR "AFTER UPDATE" ONLY WHEN THE USER NUMBER CHANGES FROM THE PREVIOUS "RECORD ADDED", "RECORD DELETED" OR "AFTER UPDATE". THREE EXAMPLES ATTACHED.

THIS HAS BEEN DISCUSSED WITH RANDY STAMP.

SYSTEM SPECIFICATIONS:

12/17/03. ADDED - 269.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 170 RUN DATE 06/02/04

CSR LOG

NUMBER - 4569 SUB BY-	PATTY ORTH	SUB FOR- CONNIE RIDDLE	PAGE - 1
ENTERED-12/17/03	PRIORITY-	EST-DAYS-000	REQD-
BEGIN-12/17/03 COMPLET	E-03/26/04 CLO	SE-	

DESCRIPTION: MODIFY DRUG REBATE INVOICES

STATUS:

REQUEST CONTROL NUMBER: 4690

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

PLEASE DISCONTINUE GENERATING INVOICES FOR LABELERS THAT MEET THE FOLLOWING CRITERIA BEGINNING WITH 4Q2003 AND EACH QUARTER THEREAFTER:

- 1. THE TOTAL INVOICED AMOUNT IS LESS THAN \$50.00;
- 2. THERE ARE NO 0.000000 UNIT REBATE AMOUNTS (URA'S); AND
- THERE ARE NO PRIOR PERIOD CORRECTIONS FOR A PREVIOUS INVOICED OUARTER.

PLEASE CONTINUE TO CREATE THE REPORT AS OUTLINED IN CSR 3574 TO DOCUMENT THE INVOICES THAT ARE NOT GENERATED.

THIS HAS BEEN DISCUSSED WITH RANDY STAMP AND DARIN MORIN.

SYSTEM SPECIFICATIONS:

IN ORDER TO IMPLEMENT THIS CSR, THE FOLLOWING WILL NEED TO BE DONE:

- O ADD LOGIC IN \$300-000-UPDATE-LABELER-FILE IN PROGRAM BWMQ3500 TO MARK THE EXCLUDE-LABELER-IND FIELD OF THE LABELER FILE WITH A '4' ONLY WHEN THE TOTAL INVOICED AMOUNT IS LESS THAN \$50.00 AND THERE ARE NO UNIT REBATE AMOUNTS AND THERE ARE NO PRIOR PERIOD CORRECTIONS.
- O ADD LOGIC IN S400-000-LABELER-BREAK IN PROGRAM BWMQ4000 TO BY-PASS GENERATING REPORT 002 WHEN ALL CONDITIONS ARE MET.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 171 RUN DATE 06/02/04

CSR LOG

		SUB FOR - CONNIE RIDDLE	
ENTERED-12/17/03	PRIORITY-		REQD -
BEGIN-12/17/03 C	COMPLETE-03/26/04 CL		
	ADDED - 269.		
03/08/04.	UPDATED - 516.		

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 172 RUN DATE 06/02/04

CSR LOG

NUMBER - 4570 SUB BY- DINEEN KILMER SUB FOR- MMIS SERVICES PAGE- 1

ENTERED-12/17/03 PRIORITY- EST-DAYS-000 REQD
BEGIN-12/17/03 COMPLETE-02/20/04 CLOSE-

DESCRIPTION: MODIFY FQHC/RHC PAYMENT LOGIC

STATUS:

REQUEST CONTROL NUMBER: 4691

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

EFFECTIVE DATE OF SERVICE JANUARY 1, 2004 AND AFTER FQHC'S & RHC'S WILL BE BILLING MAA FOR SUPPLEMENTAL PREMIUM PAYMENTS FOR MANAGED CARE CLIENTS. PLEASE APPLY THE FOLLOWING CRITERIA FOR CLAIMS WITH PROCEDURE CODE T2022, PROVIDER TYPE 90, & PROVIDER NUMBER BEGINNING WITH 759:

- 1. ALLOW THE CLAIMS TO BE BILLED FOR THE PROSPECTIVE MONTH (BYPASS EXCEPTION 127).
- 2. CHECK PAGE 6 (PCOP SCREEN) OF THE CLIENT'S ELIGIBILITY FILE TO VERIFY IF THE CLIENT IS ENROLLED WITH A MANAGED CARE PLAN FOR THE DATES OF SERVICE ON THE CLAIM. CREATE AN EXCEPTION TO POST IF THE CLIENT IS NOT ENROLLED IN A MANAGED CARE PLAN.
- 3. CHECK PAGE 5 OF THE PROVIDER MASTER FILE FOR THE FQHC OR RHC LISTED ON THE CLAIM TO MAKE SURE THEY ARE CONTRACTED WITH THE MANAGED HEALTHCARE PLAN THE CLIENT IS ENROLLED WITH FOR THE DATE OF SERVICE ON THE CLAIM. CREATE AN EXCEPTION IF THE MANAGED CARE PLAN PROVIDER NUMBER IS NOT ON PAGE 5 OF THE FQHC/RHC'S MASTER FILE.

THIS HAS BEEN DISCUSSED WITH DON BOOGERD.

ADDENDUM AS OF DECEMBER 31, 2003

PLEASE BYPASS EXCEPTION CODE 657 WHEN CLAIM HAS PROCEDURE CODE 12022.

THIS HAS BEEN DISCUSSED WITH DARIN MORIN.

SYSTEM SPECIFICATIONS:

TO COMPLETE THIS CSR THE FOLLOWING NEEDS TO BE DONE.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 173 RUN DATE 06/02/04

CSR LOG

NUMBER - 4570 SUB BY-	DINEEN KILMER	SUB FOR- MMIS SERVICES	PAGE – 2
ENTERED-12/17/03	PRIORITY-	EST-DAYS-000	REQD -
BEGIN-12/17/03 COMPLET	E-02/20/04 CLC	OSE-	

- S3203; ADDED LOGIC TO CHECK FOR THE ABOVE MENTIONED ITEMS AND TO BYPASS POSTING OF 0127 IF TRUE.
- 2. BWWC2020; ADDED 88 LEVELS TO BE USED IN S3203.
- 3. BWWC2040; ADDED 88 LEVELS TO BE USED IN S3203.
- 4. BWWC2050; ADDED 88 LEVELS TO BE USED IN S3203.
- 5. BWWC2060; ADDED 88 LEVELS TO BE USED IN S3203.6. BWWC2070; ADDED 88 LEVELS TO BE USED IN S3203.
- 7. BWPC3020; ADDED LOGIC TO CHECK PAGE 6 OF THE RECIPIENT ELIGIBILITY SCREEN TO CHECK IF THE RECIP IS ENROLLED IN A MANAGED CARE PLAN, IF NOT THEN POST EXCEPTION 1009.
- 8. BWPC3520; ADDED LOGIC TO CHECK PAGE 5 OF THE PROVIDER MASTER FILE FOR THE FQHC/RHC LISTED ON THE CLAIM. IF THE RECIPS MANAGED CARE PROVIDER IS CONTRACTED WITH THE FQHC/RHC LISTED ON THE CLAIM THEN BYPASS EXCEPTION 1010, IF NOT CONTRACTED THEN POST 1010.
- 9. RECOMPILE BWSC3020, BWSC3520, BWOC0031 AND BWOC0085.

12/17/03. ADDED - 269.

01/04/04. UPDATED - 551.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 174 RUN DATE 06/02/04

CSR LOG

NUMBER - 4571 SUB BY-	CATHIE OTT	SUB FOR- CHRIS NGUYEN	PAGE - 1
ENTERED-12/17/03	PRIORITY-	EST-DAYS-000	REQD -
BEGIN-12/17/03 COMPLET	E-02/13/04 CLC	 SE-	

DESCRIPTION: BYPASS ENCOUNTER INFO ON 837

STATUS:

REQUEST CONTROL NUMBER: 4692

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

PLEASE DISREGARD THE ENCOUNTER CLAIM INFORMATION FOR ALL 837 TRANSACTIONS. THIS PROBLEM ORIGINATED FROM THE WINASAP 2003 SOFTWARE, CLAIMS COMING THROUGH WITH THE ENCOUNTER CLAIM BOX CHECKED OFF WERE BEING DENIED. THIS BOX SHOULD NEVER BE CHECKED OFF FOR 837 TRANSACTIONS.

THIS HAS BEEN DISCUSSED AND REVIEWED BY DON BOOGERD.

SYSTEM SPECIFICATIONS: CSR HAS BEEN COMPLETED.

12/17/03. ADDED - 269.

03/30/04. UPDATED - 159.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 175 RUN DATE 06/02/04

CSR LOG

NUMBER - 4572 SUB BY-	SANDY ASBACH	SUB FOR- MMIS SERVICES	PAGE - 1
ENTERED-12/19/03	PRIORITY-	EST-DAYS-000	REQD -
BEGIN-12/19/03 COMPLET	CE-03/26/04 CLC	OSE-	

DESCRIPTION: CHANGES TO EXCEPTION 261

STATUS:

REQUEST CONTROL NUMBER: 4693

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

PLEASE ADD PROCEDURE CODE 90862 (MEDICATION MANAGEMENT) WHEN BILLED WITH DIAGNOSIS 295 - 295.9 (SCHIZOPHRENIA), TO THE BYPASS SECTION OF EXCEPTION CODE 261 (MEDICARE) FOR TYPE OF SERVICE (3), PHYSICIAN CLAIM TYPE.

PRIOR TO HIPAA, CLOZARIL CASE MANAGEMENT WAS BILLED WITH STATE UNIQUE CODE 0857J. IN ORDER TO COMPLY WITH HIPAA REQUIREMENTS, MAA HAS ASKED THE PROVIDER TO BILL WITH PROCEDURE CODE 90862 FOR CLOZARIL. MEDICARE DOES NOT PAY FOR CLOZARIL CASE MANAGEMENT, SO IN ORDER TO DISTINGUISH NORMAL MEDICATION MANAGEMENT FROM CLOZARIL CASE MANAGEMENT, WE HAVE ASSIGNED A SPAN OF DIAGNOSIS CODES WHICH WILL IDENTIFY CLOZARIL, THUS WILL NOT BE DENIED TO BILL MEDICARE.

THIS HAS BEEN DISCUSSED WITH DARIN MORIN.

SYSTEM SPECIFICATIONS:

- O ADD LOGIC TO SECTION S817-000-CHECK-EVERY-LI-4-261 OF BWPC3550 TO SEE IF EXCEPTION 0261 WOULD BE BYPASSED.
- O ADD LOGIC TO SECTION S825-000-POST-EXC-261-LI OF BWPC3550 TO BYPASS THE POSTING OF EXCEPTION 0261.
- O ADDED A NEW 88 LEVEL (WH-105-PROC-CODE-261-BYPASS-H) TO BWPC3550 WHICH WILL HOLD THE PROCEDURE CODE VALUES USED TO BY-PASS THE POSTING OF EXCEPTION 0261.
- O ADDED TWO NEW 88 LEVELS (WK-100-DIAG-EXC-261-BYPS-H-1 AND WK-100-DIAG-EXC-261- -H-2) TO HOLD THE VALUES FOR THE DIAGNO-

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 176 RUN DATE 06/02/04

CSR LOG

NUMBER - 4572 SUB BY- SANDY ASBACH SUB FOR- MMIS SERVICES	PAGE -	
ENTERED-12/19/03 PRIORITY- EST-DAYS-000	REQD-	
BEGIN-12/19/03 COMPLETE-03/26/04 CLOSE-		
SIS CODES WHICH WILL BE USED TO BYPASS THE POSTING OF TION 261 (BWPC3550).	EXCEP-	
O RECOMPILE PROGRAMS BWSC3550 AND BWOC0086.		
12/19/03. ADDED - 269.		
03/09/04. UPDATED - 158.		

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 177 RUN DATE 06/02/04

CSR LOG

NUMBER - 4573 SUB BY-	DEBBIE COVERDEL SUB FOR- MMIS SERVICES	PAGE - 1
ENTERED-12/19/03	PRIORITY- EST-DAYS-000	REQD -
BEGIN-12/19/03 COMPLETE	E-01/23/04 CLOSE-	

DESCRIPTION: CHANGES TO EXCEPTION 237

STATUS:

REQUEST CONTROL NUMBER: 4694

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

EXCEPTION 237 (CLAIMS WITHOUT DATE OF SERVICE SPAN) POSTS ON DETAIL LINE IF FROM AND TO DATES ARE THE SAME DATE FOR CLAIM TYPE "P" MED VENDOR OR "O" MEDICARE PART B CROSSOVER-TYPE OF SERVICE "R" ONLY EFFECTIVE WITH DATES OF SERVICE NOVEMBER 1, 2003 AND AFTER.

PROCEDURE CODE E1390 WAS INCLUDED IN THIS LIST IN ERROR. PLEASE REMOVE IT FROM THE LIST OF CODES THAT POST 237.

SYSTEM SPECIFICATIONS:

- O REMOVE THE VALUE 'E1390' FROM WH-000-EXC-237-PROC-NOV-01-03 IN BWWC2050.
- O RECOMPILE PROGRAM BWSC2050 AND BWOC0034.

12/19/03. ADDED - 269.

01/19/04. UPDATED - 158.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 178 RUN DATE 06/02/04

CSR LOG

NUMBER - 4576 SUB BY-	SUE HILTON	SUB FOR- JOHN HANSON	PAGE - 1	
ENTERED-01/05/04	PRIORITY-	EST-DAYS-000	REQD –	
BEGIN-01/05/04 COMPLETE-05/21/04 CLOSE-				

DESCRIPTION: MODIFY DRG REIMBURSEMENT

STATUS:

REQUEST CONTROL NUMBER: 4698

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

THE LEGISLATURE HAS IMPLEMENTED FIVE (5) NEW SCREENING TESTS FOR NEWBORNS. FUNDS HAVE BEEN APPROPRIATED TO REIMBURSE HOSPITALS FOR THESE TESTS. MAA IS REQUIRED TO PAY FOR TWO (2) NEW NEWBORN SCREENING TESTS BEGINNING JANUARY 01, 2004. THESE TESTS ARE NOT INCLUDED IN THE CURRENT DRG RELATIVE WEIGHTS. THE REIMBURSEMENT AMOUNT FOR EACH TEST IS \$4.10.

TO FACILITATE PAYMENT FOR THESE TESTS, PLEASE ADD \$8.20 TO THE FINAL REIMBURSEMENT AMOUNT ON DRG (R) CLAIMS WITH DRG'S 620, 629, AND 631 WHEN THE ADMIT DATE IS ON OR AFTER JANUARY 01, 2004. INCREASE THE AMOUNT ONLY WHEN THE REIMBURSEMENT AMOUNT IS GREATER THAN \$0.00. THE REMAINING THREE (3) TESTS WILL BE ADDED AT A LATER DATE.

THIS HAS BEEN DISCUSSED WITH DARIN MORIN.

ADDENDUM AS OF JANUARY 28, 2004

DRG 631 IS NOT A NEWBORN DRG. PLEASE DELETE IT FROM THIS CSR.

ADDENDUM AS OF APRIL 29,2004:

WE NEED TO INCREASE THE DRG ADD-ON AMOUNT FOR THE REMAINING THREE (3) NEWBORN SCREENING TESTS. EFFECTIVE WITH ADMISSIONS ON OR AFTER JUN 1, 2004, PLEASE CHANGE THE CURRENT DRG ADD-ON AMOUNT OF \$8.20 TO A TOTAL OF \$20.50 ON DRG (R) CLAIMS WITH DRG'S 620 AND 629 ONLY.

SYSTEM SPECIFICATIONS:

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 179 RUN DATE 06/02/04

CSR LOG

NUMBER - 4576 SUB BY- SUE HILTON SUB FOR- JOHN HANSON	PAGE - 2
ENTERED-01/05/04 PRIORITY- EST-DAYS-000	REQD-
BEGIN-01/05/04 COMPLETE-05/21/04 CLOSE-	
O BWMC5000; ADD LOGIC TO ADD 8.20 TO THE REIMBURSTM TO THOSE CLAIMS THAT MEET THE ABOVE STATED CRITER	
01/05/04. ADDED - 269. 	
 01/14/04. UPDATED - 550. 	

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 180 RUN DATE 06/02/04

CSR LOG

NUMBER - 4579 SUB BY- CHRISTINE CHUML SUB FOR- MMIS SERVICES PAGE - 1

ENTERED-01/05/04 PRIORITY- EST-DAYS-000 REQD
BEGIN-01/05/04 COMPLETE-03/26/04 CLOSE-

DESCRIPTION: MODIFY BWMF5800-R013 REPORT

STATUS:

REOUEST CONTROL NUMBER: 4702

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

PLEASE MODIFY REPORT NUMBER BWMF5800-R013 "EOB - 4 LINES" SO THAT IT REFLECTS THE HIPAA REMARKS FIELD AND ADJ-RSN FIELD TITLES AND DATA.

SYSTEM SPECIFICATIONS:

IN ORDER TO COMPLETE THIS CSR THE FOLLOWING NEEDS TO BE DONE.

MAKE CHANGES TO BWSF5806 TO ADD THE NEW FIELDS TO THE REPORT BWMF5800- R013.

RECOMPILE BWSF5806.

01/05/04. ADDED - 269.

03/16/04. UPDATED - 177.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 181 RUN DATE 06/02/04

CSR LOG

NUMBER - 4580 SUB BY-	CHRISTINE CHUML SUB FOR - MMIS SERVICE	CES PAGE - 1
ENTERED-01/13/04	PRIORITY- EST-DAYS-000	REQD -
BEGIN-01/13/04 COMPLET	E- CLOSE-	

DESCRIPTION: ADJUSTMENT REASON CODE UPDATES

STATUS: ANALYSIS IN PROCESS
REOUEST CONTROL NUMBER: 4704

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

CMS UPDATES THEIR ADJUSTMENT REASONS AND REMARKS CODES AT LEAST 3 TIMES PER YEAR. THE MMIS SERVICES SECTION WILL NEED TO MAINTAIN THESE CODES. PLEASE CREATE THE FILE(S) NECESSARY FOR MMIS SERVICES MAY MAINTAIN (ADD/DELETE/REVISE) THE HIPAA REQUIRED ADJUSTMENT REASONS AND REMARKS CODES NECESSARY FOR THE 835 TRANSACTION.

THIS HAS BEEN DISCUSSED WITH DON BOOGERD.

ADDENDUM AS OF MAY 20, 2004

PLEASE UPLOAD A TEXT FILE OF MEDICARE DENIAL AND REMARK CODES FOR THE NEW EOB SCREENS AND TO ALLOW 4 LINES OF TEXT PER CODE.

SYSTEM SPECIFICATIONS:

01/13/04. ADDED - 269.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 182 RUN DATE 06/02/04

CSR LOG

NUMBER - 4582 SUB BY- CATHIE OTT SUB FOR- DAVE RUPEL PAGE- 1

ENTERED-01/13/04 PRIORITY- EST-DAYS-000 REQD
BEGIN-01/13/04 COMPLETE-01/30/04 CLOSE-

DESCRIPTION: CHANGES TO MSIS LOGIC

STATUS:

REQUEST CONTROL NUMBER: 4705

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

THIS IS A COMPANION TO THE CSR SUBMITTED NOVEMBER 13, 2003 (RCN #4665/ NO CSR # FOUND) WHICH REQUESTED CHANGES TO THE COUNTY CODING LOGIC IN MSIS 2082 AS FOLLOWS:

IF CSO=076,100,127,128,130,131,132 READ CSOR AND REPORT COUNTY ASSOCIATED WITH CSOR.

IN ADDITION TO THOSE REQUESTED CHANGES, ATTACHED SPREADSHEET DETAILS NECESSARY CHANGES TO THE RESTRICTED BENEFITS - FLAG CROSSWALK.

PLEASE IMPLEMENT THESE CHANGES WITH THE NEXT SUBMISSION.

PLEASE CONTACT DAVE RUPEL, (360)725-1289, IF QUESTIONS.

SYSTEM SPECIFICATIONS:

PROGRAM CHANGES MADE TO BWMM5200 FOR THE RESTRICTED BENEFITS FLAG LOGIC.

01/13/04. ADDED - 269.

01/22/04. UPDATED - 521.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 183 RUN DATE 06/02/04

CSR LOG

NUMBER - 4583 SUB BY- GERALD HUBBERT SUB FOR- MMIS SERVICES PAGE- 1

ENTERED-01/13/04 PRIORITY- EST-DAYS-000 REQD
BEGIN-01/13/04 COMPLETE-01/23/04 CLOSE-

DESCRIPTION: MODIFY RATE UPDATE REPORT

STATUS:

REQUEST CONTROL NUMBER: 4706

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

IN REFERENCE TO CSR #2852 (ATTACHED), ADDENDUM AS OF SEPTEMBER 8, 1998 STATES IN SECTION 1, "PLEASE PRODUCE A REPORT INDICATING THE REVENUE CODE, BEFORE RATE AND THE AFTER RATE IF THE RATE INCREASE OR DECREASES BY 20% OR MORE."

PLEASE INCREASE THE RATE CHANGE THRESHOLD IN SECTION 1 FROM 20% TO 50% FOR THE 2003-2004 SCHOOL MEDICAL PROVIDER CHARGE FILE UPDATE ONLY.

THIS HAS BEEN DISCUSSED WITH DON BOOGERD.

SYSTEM SPECIFICATIONS:

TO COMPLETE THIS CSR THE FOLLOWING NEEDS TO BE DONE.

1. CHANGE WK-001-TWENTY-PERCENT TO WK-001-FIFTY-PERCENT AND THE VALUE FROM 0.20 TO 0.50 IN PROGRAM BWMF5050.

01/13/04. ADDED - 269.

01/09/04. UPDATED - 516.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 184 RUN DATE 06/02/04

CSR LOG

NUMBER - 4585 SUB BY- SUE HILTON SUB FOR- MMIS SERVICES PAGE- 1

ENTERED-01/13/04 PRIORITY- EST-DAYS-000 REQD
BEGIN-01/13/04 COMPLETE- CLOSE-

DESCRIPTION: NEW EXCEPTION ON OUTPATIENT

STATUS: REOPENED

REQUEST CONTROL NUMBER: 4708

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

THE MMIS CURRENTLY ALLOWS DATES OF SERVICE ON THE OUTPATIENT (M) CLAIM DETAIL LINE(S) THAT ARE NOT INCLUDED IN THE HEADER LEVEL DATES OF SERVICE (EXAMPLES ATTACHED).

PLEASE CREATE A NEW EXCEPTION TO POST WHENEVER THE FIRST DATE OF SERVICE (FDOS FIELD) OR THE LAST DATE OF SERVICE (LDOS FIELD) ON THE CLAIM DETAIL LINE ARE NOT WITHIN THE SPAN OF DATES THAT ARE ENTERED IN THE FROM DATE OF SERVICE (FR-DT: FIELD) AND THE TO DATE OF SERVICE (T-DT: FIELD) AT THE HEADER LEVEL.

THIS HAS BEEN DISCUSSED WITH DARIN MORIN.

ADDENDUM AS OF MAY 28, 2004

DO NOT POST EXCEPTION 1011 WHEN THE FIRST DATE OF SERVICE (FDOS FIELD) OR THE LAST DATE OF SERVICE (LDOS FIELD) ON THE CLAIM DETAIL LINE ARE EOUAL TO ZEROS.

THIS HAS BEEN DISCUSSED WITH DARIN MORIN.

SYSTEM SPECIFICATIONS:

- O ADD LOGIC TO SECTION S340-000-EDIT-LINE-ITEM OF BWPC2040 TO POST EXCEPTION 1011 FOR THE ABOVE CRITERIA.
- O ADD A NEW 88 LEVEL (WK-996-LI-DOS-NOT-IN-HEAD-DOS) TO COPY MEMBER WK599650 TO HOLD THE VALUE '1011'.
- O RECOMPILE PROGRAMS BWSC2040 AND BWOC0037.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 185 RUN DATE 06/02/04

	SUB BY- SUE HILTON	SUB FOR- MMIS SERVICES	
ENTERED-01/13/0	4 PRIORITY	- EST-DAYS-000	REQD -
BEGIN-01/13/04	COMPLETE-	CLOSE-	
01/13/04	. ADDED - 269.		
02/17/04	. UPDATED - 158.		

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 186 RUN DATE 06/02/04

CSR LOG

NUMBER - 4586 SUB BY- C	CATHIE OTT	SUB FOR- MMIS SERVICES	PAGE - 1
ENTERED-01/13/04	PRIORITY-	EST-DAYS-000	REQD -
BEGIN-01/13/04 COMPLETE-	- CLO	SE-	

DESCRIPTION: ADD REVIEW END DATE TO RECIP

STATUS: AWAITING DSHS

REQUEST CONTROL NUMBER: 4709

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

PLEASE ADD A FIELD FOR THE REVIEW END DATE TO THE MMIS ELIGIBILITY FILE.

AN ACES AWR WILL ADD THE REVIEW END DATE TO THE ACES/MMIS INTERFACE FILE. INTERFACE TESTING WILL BE COORDINATED WITH ACES AND FOLLOWING COMPLETION OF AWR.

THIS HAS BEEN DISCUSSED WITH DON BOOGERD.

SYSTEM SPECIFICATIONS:

01/13/04. ADDED - 269.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 187 RUN DATE 06/02/04

CSR LOG

NUMBER - 4587 SUB BY-	ALLON PETERMAN	SUB FOR- NORMA LEAVITT	PAGE - 1	
ENTERED-01/14/04	PRIORITY-	EST-DAYS-000	REQD -	
BEGIN-01/14/04 COMPLETE	- CLO	SE-		

DESCRIPTION: MODIFY HI50 TPL OVERRIDE

STATUS: ANALYSIS IN PROCESS

REQUEST CONTROL NUMBER: 4696

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

PHARMACY CLAIMS, FOR CLIENTS WITH H150 TPL COVERAGE THAT ARE OVERRIDEN WITH A 2, OR 4 IN THE POS AND SHOW AN ITA INDICATOR OF G,6 OR 7 IN MMIS SHOULD BE PULLED INTO THE BILLING FILE FOR DATES OF SERVICE 020103 THRU 101503.

PHARMACY CLAIMS, FOR CLIENTS WITH H150 TPL COVERAGE THAT ARE OVERRIDEN WITH A 3, 7, OR 8 IN THE POS SHOULD BE PULLED INTO THE BILLING FILE FOR DATES OF SERVICE 101603 THRU INFINITUM.

BILLING THRESHOLD OF \$5.00 FOR MAA REIMBURSABLE AMOUNT.

SYSTEM SPECIFICATIONS:

01/14/04. ADDED - 550.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 188 RUN DATE 06/02/04

CSR LOG

NUMBER - 4588 SUB BY- SANDY ASBACH SUB FOR- MMIS SERVICES PAGE- 1

ENTERED-01/14/04 PRIORITY- EST-DAYS-000 REQD
BEGIN-01/14/04 COMPLETE-01/30/04 CLOSE-

DESCRIPTION: CHANGES TO EXCEPTION 353

STATUS:

REQUEST CONTROL NUMBER: 4697

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

PLEASE MAKE THE FOLLOWING UPDATES TO EXCEPTION CODE 353 (PROCEDURE REQUIRES APPROVAL) FOR THE LISTED AREAS OF CRITERIA IN THE EXCEPTION CODE CROSS REFERENCE.

2.4.A) ADD NEW PROCEDURE CODES 20982,21685,61863,61864,61867,61868, 65780,65781,65782,67912,68371,76937,76940,79403,85055,85396,88112,88361,89235,90660,90734,97755,0048T,0049T,0051T,0053T-0057T,0060T,0061T,J0215,J2353,J2354.J3465,Q3031,S0107,S0136. ALSO, ADD THE FOLLOWING PROCEDURE CODES 21195,21196, AND 21120 WITH AN EFFECTIVE DATE OF 1/4/04.

2.4.B) ADD NEW PROCEDURE CODES 70557,70558,70559 AND G0296.

THIS HAS BEEN DISCUSSED WITH DARIN MORIN.

ADDENDUM AS OF JANUARY 16, 2004 (SANDY ASBACH)

THIS IS AN ADDENDUM TO A CSR THAT HAS NOT YET BEEN IMPLEMENTED.

PLEASE REMOVE THE FOLLOWING PROCEDURE CODES FROM EXCEPTION CODE 353 (PROCEDURE REQUIRES APPROVAL). THESE PROCEDURES WERE PREVIOUSLY REQUIESTED BY DMM TO REQUIRE APPROVAL AND SUBSEQUENTLY RESCINDED. SECTION 2.4.A)

76940, 88361, 89235, 90660

ALSO, PLEASE ADD NEW PROCEDURE CODES TO THE LISTED AREA OF CRITERIA IN THE EXCEPTION CODE CROSS REFERENCE. SECTION 2.4.A) J7342, J7350

THIS HAS BEEN DISCUSSED WITH DARIN MORIN.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 189 RUN DATE 06/02/04

CSR LOG

NUMBER - 4588 SUB BY-	SANDY ASBACH	SUB FOR- MMIS SERVICES	PAGE - 2
ENTERED-01/14/04	PRIORITY-	EST-DAYS-000	REQD-
BEGIN-01/14/04 COMPLET	E-01/30/04 CLC	 SE-	

SYSTEM SPECIFICATIONS:

- O ADD A NEW CONSTANT (WK-000-DEC-31-2003) TO BWWC3550 WHICH WILL HOLD THE CENTURY DATE VALUE FOR DECEMBER 31, 2003.
- O ADD A NEW 88 LEVEL (WK-009-PROC-ALWYS-REQ-PA-UPDTE) TO HOLD THE UPDATE PROCEDURE CODES THAT HAVE NO DATE SPECIFICATIONS.
- O ADD A NEW 88 LEVEL (WK-009-PROC-ALWAYS-REQ-PA-0104) TO HOLD THE PROCEDURE CODES THAT HAVE A DATE SPECIFICATION OF JANUARY 1, 2004 OR AFTER.
- O ADD THE VALUES '70557' '70558' '70559' AND 'G0296' TO WK-009-MRI-MRA-PROC-CODE OF BWWC3550.
- O ADD LOGIC TO SECTION S701-000-DETER-POST-EXC-353 OF BWPC3550 TO POST EXCEPTION 353.
- O RECOMPILE PROGRAM BWSC3550 AND BWOC0086.

01/14/04. ADDED - 550.

01/26/04. UPDATED - 158.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 190 RUN DATE 06/02/04

CSR LOG

NUMBER - 4589 SUB BY- JULIE HEATH SUB FOR- MMIS SERVICES PAGE- 1

ENTERED-01/19/04 PRIORITY- EST-DAYS-000 REQD
BEGIN-01/19/04 COMPLETE-02/13/04 CLOSE-

DESCRIPTION: CHANGES TO EXCEPTION 1022

STATUS:

REQUEST CONTROL NUMBER: 4710

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

PLEASE MAKE THE FOLLOWING CHANGES TO EXCEPTION 1022 (INVALID QUADRANT OR ARCH FOR PROCEDURE CODE):

- * CHANGE PROCEDURE CODE D9110 TO BE VALID WITH QUADRANT DESIGNATIONS 00,01,02,09,10,20,30,40, L & R.
- * ADD PROCEDURE CODES D4342 AND D9951 TO BE VALID WITH QUADRANT DESIGNATION 10,20,30,40.
- * REMOVE PROCEDURE CODE D2933 FROM THIS EDIT. IT IS ONLY ALLOWED ON TOOTH NUMBERS C-H, WHICH IS WORKING CORRECTLY UNDER EXCEPTION 483. IT IS NOT VALID WITH QUADRANT DESIGNATION 00.

THIS HAS BEEN DISCUSSED WITH DARIN MORIN.

SYSTEM SPECIFICATIONS:

- O REMOVE PROCEDURE CODE D2933 FROM WT-007 TABLE IN BWWC3550.
- O ADD PROCEDURE CODES D4342 AND D9951 TO WT-007 TABLE IN ${\tt BWWC3550}\,.$
- O MODIFY THE VALUES IN WT-007-D9110-VALUES FOR PROCEDURE CODE D9110 IN BWWC3550.
- O CHANGE WT-007-SEARCH-TABLE FROM +80 TO +81 (D2933 + D4342 + D9951) IN BWWC3550.
- O RECOMPILE PROGRAMS BWSC3550 AND BWOC0086.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 191 RUN DATE 06/02/04

NUMBER - 4589 SUB BY- JULIE HEATH SUB FOR- MMIS SERVICES	PAGE - 2
ENTERED-01/19/04 PRIORITY- EST-DAYS-000	REQD-
BEGIN-01/19/04 COMPLETE-02/13/04 CLOSE-	
01/19/04. ADDED - 269.	
02/06/04. UPDATED - 158.	

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 192 RUN DATE 06/02/04

CSR LOG

NUMBER - 4590 SUB BY- ALLON PETERMAN SUB FOR- MMIS SERVICES PAGE- 1

ENTERED-01/19/04 PRIORITY- EST-DAYS-000 REQD
BEGIN-01/19/04 COMPLETE- CLOSE-

DESCRIPTION: MODIFY HWT AND DUR PROV LAYOUT

STATUS: TEST TO STATE

REQUEST CONTROL NUMBER: 4711

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

IT WAS BROUGHT TO OUR ATTENTION THAT THE MMIS HOLDS A TEN DIGIT, ALPHA/ NUMERIC PROVIDER LICENSE NUMBER WHILE THE DRUG UTILIZATION REPORT (DUR) AND THE HWT FILE LAYOUTS ONLY HOLD A EIGHT DIGIT, ALL NUMERIC PROVIDER LICENSE NUMBER.

PLEASE MAKE A COMPLETE REVIEW OF THE MMIS SCREEN LAYOUTS VERSES THE DUR AND HWT FILE LAYOUTS TO DETERMINE IF THIS PROBLEM EXISTS ANYWHERE ELSE IN THESE FILES. WHEN THE REVIEW IS COMPLETED PLEASE:

- * MAKE A HARD COPY LIST OF ALL THE AREAS AFFECTED (TO INCLUDE: DATA ELEMENT NUMBER, MNEMONIC NAME, FORMAT FOR FIELD (PICTURE AND LENTH), AND THE RECORD IT IS IN) AND DELIVER IT TO MMIS SERVICES. MMIS SERVICES WILL CHECK WITH THE DUR/HWT USERS TO FIND THE IMPACT OF THE AFFECTED AREAS ON THEIR WORK. WHEN THE LIST IS AGREED TO THE MMIS WILL NOTIFY ACS TO CONTINUE THE CSR PROCESS.
- * ACS THEN DEVELOPS NEW RECORD LAYOUTS FOR THE DUR/HWT AND PROVIDES THESE NEW LAYOUTS TO THE MMIS.
- * RUN PARALLEL RUNS FOR A PERIOD OF TIME TO ALLOW DUR/HWT PERSONNEL TO TEST.
- * WHEN THE DUR/HWT TESTING IS COMPLETED DISCONTINUE THE OLD LAYOUTS.

THIS HAS BEEN DISCUSSED WITH DON BOOGERD.

SYSTEM SPECIFICATIONS:

IN ORDER TO IMPLEMENT THIS CSR, THE FOLLOWING WILL NEED TO BE DONE:

1. USING THE ADD SYSTEM, ADD THE MISSING DEDS TO RED 12400.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 193 RUN DATE 06/02/04

NUMBER - 4590 SUB BY- ALLON PETERMAN SUB FOR- MMIS SERVICES	PAGE -	2
ENTERED-01/19/04 PRIORITY- EST-DAYS-000	REQD-	
BEGIN-01/19/04 COMPLETE- CLOSE-		
2. MODIFY PROGRAM BWDURPRV TO POPULATE THE NEW FIELDS.		
3. MODIFY JCL BWMAAPRV TO INCORPORATE THE NEW RECORD LENGTH	Ι.	
01/19/04. ADDED - 269.		
03/04/04. UPDATED - 516.		

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 194 RUN DATE 06/02/04

CSR LOG

NUMBER - 4591 SUB BY- CATHIE OTT SUB FOR- CMS PAGE- 1
ENTERED-01/19/04 PRIORITY- EST-DAYS-000 REQD-02/15/04

BEGIN-01/19/04 COMPLETE-01/30/04 CLOSE-

DESCRIPTION: CMS DUAL ELIGIBLE EXTRACT

STATUS:

REQUEST CONTROL NUMBER: 4712

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

PLEASE GENERATE A TEST FILE ACCORDING TO THE ATTACHED TECHNICAL SPECIFICATIONS. THIS TEST FILE IS DUE TO CMS NO LATER THAN 2/15/04. FOLLOWING TESTING AND ACCEPTANCE OF THE DATA, THIS WILL BECOME A REGULAR MONTHLY DATA FILE SENT TO CMS ACCORDING TO THEIR PUBLISHED SCHEDULE (YET TO BE DETERMINED).

THE TEST FILE SHOULD CONTAIN ONE MONTH OF THE MOST RESENT DATA. THE DATA FILE INCLUDES RECORDS FOR WASHINGTON'S DUAL ELIGIBLES WHO WERE ELIGIBLE FOR MEDICAID PRESCRIPTION DRUG COVERAGE DURING THAT MONTH. DUAL ELIGIBLE CLIENTS TO BE INCLUDED IN THIS FILE SHOULD BE IDENTIFIED AS FOLLOWS: PROGRAM CODE = ALL

MEDICAL ELIGIBILITY CODE = 1,5, 7 OR 8 MATCH CODE DOES NOT D,K,E OR W

THE TEST FILE SHOULD BE SENT ON CD TO:
CMS DIVISION OF QUALITY COORDINATION AND DATA DISTRIBUTION
ATTN: ROBYN THOMAS
MAILSTOP N1-15-03
7500 SECURITY BLVD.
BALTIMORE, MD 21244-1850

THIS HAS BEEN DISCUSSED WITH DON BOOGERD. PLEASE CONTACT CATHLE OTT IF THERE ARE ANY QUESTIONS.

SYSTEM SPECIFICATIONS:

TO COMPLETE THIS CSR THE FOLLOWING NEEDS TO BE DONE.

1. CREATE A SPECIAL UTILITY WHICH WILL IDENTIFY ALL RECIPIENTS

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 195 RUN DATE 06/02/04

NUMBER - 4591 SUB BY- CATHIE OTT SUB FOR- CMS	PAGE - 2
ENTERED-01/19/04 PRIORITY- EST-DAYS-000	REQD-02/15/04
BEGIN-01/19/04 COMPLETE-01/30/04 CLOSE-	
ELIGIBLE FOR DUAL COVERAGE AND CREATE AN EXTRACT.	
01/19/04. ADDED - 269.	
01/30/04. UPDATED - 516.	

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 196 RUN DATE 06/02/04

CSR LOG

NUMBER - 4592 SUB BY- ALLON PETERMAN SUB FOR- ROGER BRITTINGH PAGE- 1 ENTERED-01/19/04 PRIORITY- EST-DAYS-000 REOD -BEGIN-01/19/04 COMPLETE-02/27/04 CLOSE-DESCRIPTION: PAID CLAIM EXTRACT 1/03 - 12/03 STATUS: REOUEST CONTROL NUMBER: 4713 DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO NOTE: THIS REQUEST IS SIMILAR TO RCN 4500, CSR 4389 PLEASE CREATE A REPORT SHOWING ALL THE PAID CLAIMS IN THE MMIS FOR DATES OF SERVICE 07/01/03 THROUGH 12/31/03. PLEASE GENERATE A LINE LEVEL RECORD FOR EACH INTERNAL CONTROL NUMBER (ICN). WE NEED THE FOLLOWING INFORMATION FOR EACH CLAIM: PATIENT ID CODE (PIC) RECIPIENT'S NAME RECIPIENT'S BIRTH DATE RECIPIENT'S SSN RECIPIENT'S PROGRAM CODE RECIPIENT'S ELIGIBILITY CODE RECIPIENT'S MATCH CODE INTERNAL CONTROL NUMBER (ICN) BILLING PROVIDER NUMBER BILLING PROVIDER LICENSE NUMBER BILLING PROVIDER NAME PROVIDER ADDRESS (WHERE CHECK WAS SENT) - PLEASE PUT ADDRESS LINE 1, LINE 2, LINE 3, CITY, STATE, ZIP ALL IN SEPARATE FIELDS. PROCEDURE CODE BEGINNING DATE OF SERVICE ENDING DATE OF SERVICE UNITS BILLED BILLED CHARGES PAID AMOUNT PAID DATE DIAGNOSIS CODE PRESCRIPTION FILL DATE FOR PHARMACY CLAIMS EFT INDICATOR (Y IF PROVIDER DOES ELECTRONIC FUNDS TRANSFER, BLANK IF WARRANT) RA NUMBER

.....

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 197 RUN DATE 06/02/04

CSR LOG

NUMBER - 4592 SUB BY-	ALLON PETERMAN SUB FO	PR- ROGER BRITTINGH	PAGE - 2	_
ENTERED-01/19/04	PRIORITY- EST-DAYS	5-000	REQD -	_
BEGIN-01/19/04 COMPLET	E-02/27/04 CLOSE-			-

RA DATE

PLEASE PROVIDE TWO SETS ON CARTRIDGES AND DELIVER TO BIN 12, ATTENTION ALLON PETERMAN.

PLEASE INCLUDE A RECORD LAYOUT.

THIS HAS BEEN DISCUSSED WITH DON BOOGERD.

ADDENDUM AS OF JANUARY 28, 2004

PLEASE EXPAND THE DATES TO: 1/1/2003 THROUGH 12/31/2003.

ALSO, PRODUCE THE FIRST CARTRIDGE AND SEND IT TO ALLON PETERMAN. HOLD THE SECOND CARTRIDGE UNTIL NOTIFIED TO RELEASE IT. WHEN NOTIFIED PLEASE CALL ROGER BRITTINGHAM (725-5433) TO PICK UP. HE WILL NEED DIRECTIONS.

THIS HAS BEEN DISCUSSED WITH DON BOOGERD.

SYSTEM SPECIFICATIONS:

TO COMPLETE THIS CSR THE FOLLOWING NEEDS TO BE DONE.

- CREATE A SPECIAL UTILITY WHICH WILL READ CLAIMS HISTORY FILES AND CREATE AN EXTRACT FOR PAID CLAIMS WITHIN THE REQUIRED DATE SPAN.
- 2. SORT THE EXTRACT CREATED ABOVE BY PROVIDER NUMBER AND $% \left(1,0\right) =0$ AUGMENT THE PROVIDER INFORMATION TO THE EXTRACT.
- 3. SORT THE EXTRACT CREATED ABOVE BY RECIPIENT ID AND AUGMENT THE SSN FOR ANY EXTRACT RECORD THAT WAS UNABLE TO OBTAIN THIS INFORMATION FROM THE CLAIM FILE.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 198 RUN DATE 06/02/04

	SUB BY- ALLON PETERMAN	SUB FOR- ROGER BRITTINGH	PAGE - 3
NTERED-01/19/04	PRIORITY-		REQD -
BEGIN-01/19/04	COMPLETE-02/27/04 CLO		
	ADDED - 269.		
02/20/04.	UPDATED - 516.		
,,,			

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 199 RUN DATE 06/02/04

CSR LOG

NUMBER - 4593 SUB BY- CATHIE OTT SUB FOR- MMIS SERVICES PAGE - 1

ENTERED-01/21/04 PRIORITY- EST-DAYS-000 REQD
BEGIN-01/21/04 COMPLETE-02/27/04 CLOSE-

DESCRIPTION: DOCUMENT PA AND EPA IN POS

STATUS:

REQUEST CONTROL NUMBER: 4714

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

- 1. PLEASE PREPARE A DATA FILE THAT PROVIDES DOCUMENTATION OF ALL DRUGS THAT REQUIRE PRIOR AUTHORIZATION FOR PAYMENT IN POS.
- 2. PLEASE PREPARE A DATA FILE THAT PROVIDES DOCUMENTATION OF ALL DRUGS THAT REQUIRE EXPEDITED PRIOR AUTHORIZATION FOR PAYMENT IN POS.
- 3. PLEASE PROVIDE DOCUMENTATION OF CRITERIA APPLIED TO FIRST DATA BANK FILE TO GENERATE THE PA AND EPA LISTS.
- 4. PLEASE PROVIDE DOCUMENTATION OF ADDITIONAL CRITERIA THAT IS APPLIED TO FDB FILE FOR DSHS EXTRACTS I.E. HOW ARE PA AND EPA FIELDS DERIVED IN POS? HOW ARE PRIOR_AUTH_IND AND EXPEDITED_AUTH FIELDS DERIVED FOR DRUG MASTER FILE? HOW ARE THEY DEFINED? (I.E. VALID VALUES AND VALID VALUE DESCRIPTIONS. ARE THERE ANY EDIT CHECKS ON THE POS PRIOR-AUTH-NO FIELD. IF SO, PLEASE DEFINE.

THE REQUIRED DATA FIELDS ARE PER THE DISCUSSION WITH RANDY.

THIS REQUEST HAS BEEN DISCUSSED WITH RANDY STAMP.

SYSTEM SPECIFICATIONS:

DOCUMENTATION HAS BEEN SENT VIA DSHS MEMO 3249.

01/21/04. ADDED - 269.

04/29/04. UPDATED - 521.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 200 RUN DATE 06/02/04

CSR LOG

NUMBER - 4594 SUB BY- CATHIE OTT SUB FOR- RICHARD FISHER PAGE - 1

ENTERED-01/22/04 PRIORITY- EST-DAYS-000 REQD
BEGIN-01/22/04 COMPLETE-04/02/04 CLOSE-

DESCRIPTION: MODIFY SUSP CORRECTION UPDATE

STATUS:

REQUEST CONTROL NUMBER: 4715

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

EXAMINERS NEED TO BE ABLE TO WORK FROM THE SECOND AND THIRD SCREENS IN THE MMIS.

CURRENTLY, WHEN EXAMINERS ARE WORKING IN THE SUSPENDED CLAIMS CORRECTION SUBSYSTEM, ON A CLAIM, THEY ARE UNABLE TO MAKE CHANGES ON SELECTED FIELDS ON THE SECOND AND THIRD SCREENS SUCH AS: TOT; INS; NET; EOB; OVR-LOC; LMC (SEE ATTACHED SAMPLE). IN ORDER TO MAKE THE NECESSARY CHANGES OR ENTRIES THE EXAMINER IS FORCED TO RETURN TO THE FIRST PAGE OF THE CLAIM.

REQUEST MMIS BE MODIFIED SO THE EXAMINER CAN MAKE CHANGES OR ENTRIES TO SCREENS TWO AND THREE. ALSO, WHEN THE ENTRY OR CHANGE IS MADE IN SCREEN TWO OR THREE THE INFORMATION SHOULD BE PLACED IN THE OTHER TWO PAGES AS APPROPRIATE.

THIS WAS DISCUSSED WITH DARIN MORIN.

SYSTEM SPECIFICATIONS:

THIS IS IN RESPONSE TO CSR4594 WHICH REQUESTS THAT WE ADD THE ABILITY TO MAKE CHANGES TO THE FOLLOWING FIELDS ON THE 2ND AND 3RD (WHEN APPLICABLE) CLAIMS SCREENS. THE FIELDS TO BE CHANGED ARE: TOT, INS, NET, EOB, OVR-LOC AND LMC.

NOTE THAT EVEN THOUGH THE INS FIELD WAS PROTECTED ON THE INSTITUTIONAL FIRST SCREENS -- THE FOLLOWING SECOND SCREENS ARE NOW UNPROTECTED: BWV0402, BWV0412, AND BWV0462.

IN ORDER TO IMPLEMENT THIS CSR, THE FOLLOWING WILL NEED TO BE

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 201 RUN DATE 06/02/04

CSR LOG

NUMBER - 4594 SUB BY-	CATHIE OTT	SUB FOR- RICHARD FISHER	PAGE - 2	
ENTERED-01/22/04	PRIORITY-	EST-DAYS-000	REQD -	
BEGIN-01/22/04 COMPLET	E-04/02/04 CLO	SE-		
DOWN.				

DONE:

- O MODIFY THE FOLLOWING MAPS TO CHANGE THE AFFECTED FIELD DEFI-NITIONS: BWV0322, BWV0323, BWV0332, BWV0401, BWV0402, BWV0411, BWV0412, BWV0432, BWV0461, BWV0462
- O VERIFY OR ADD THE LOGIC TO PROPERLY EDIT THE AFFECTED FIELDS AND MOVE THE DATA TO THE COMMAREA RECORD IN THE FOLLOWING PROGRAMS: BWOC0132, BWOC0232, BWOC0133, BWOC0140, BWOC0141, BWOC0143, BWOC0146.

01/22/04. ADDED - 269.

03/26/04. UPDATED - 032.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 202 RUN DATE 06/02/04

CSR LOG

NUMBER - 4596 SUB BY- ALLON PETERMAN SUB FOR- MMIS SERVICES PAGE- 1

ENTERED-01/27/04 PRIORITY- EST-DAYS-000 REQD
BEGIN-01/27/04 COMPLETE-04/02/04 CLOSE-

DESCRIPTION: ALLOW CHANGING OF TOS ON XOVERS

STATUS:

REQUEST CONTROL NUMBER: 4716

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

PRESENTLY THE MMIS WILL NOT ALLOW THE CHANGING OF THE TYPE OF SERVICES (TOS) ON MEDICARE CROSSOVERS. PLEASE CHANGE THE MMIS SO TYPE OF SERVICE (TOS) ON MEDICARE CROSSOVERS CAN BE CHANGED.

THIS HAS BEEN DISCUSSED WITH DON BOOGERD.

SYSTEM SPECIFICATIONS:

 ${\tt BWOC0100}; \;\; {\tt ADD} \;\; {\tt LOGIC} \;\; {\tt TO} \;\; {\tt CHECK} \;\; {\tt FOR} \;\; {\tt TOS} \;\; {\tt EQUAL} \;\; {\tt TO} \;\; {\tt SPACES} \;\; {\tt IF} \;\; {\tt TRUE} \;\; {\tt CROSSWALK} \;\; {\tt ELSE} \;\; {\tt EXCEPT} \;\; {\tt KEYED} \;\; {\tt VALUE} \;.$

01/27/04. ADDED - 269.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 203 RUN DATE 06/02/04

CSR LOG

NUMBER - 4600 SUB BY- DINEEN KILMER SUB FOR- MMIS SERVICES PAGE- 1

ENTERED-01/29/04 PRIORITY- EST-DAYS-000 REQD
BEGIN-01/29/04 COMPLETE-02/27/04 CLOSE-

DESCRIPTION: CHANGES TO EXCEPTION 176

STATUS:

REQUEST CONTROL NUMBER: 4720

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

PLEASE ADD TO THE CRITERIA OF EXCEPTION CODE 176 (1 DATE OF SERVICE PER OUTPATIENT PER CLAIM) TO BYPASS THE FOLLOWING REVENUE CODES: 115, 125, 135, & 145.

THIS HAS BEEN DISCUSSED WITH DARIN MORIN.

SYSTEM SPECIFICATIONS:

TO COMPLETE THIS CSR THE FOLLOWING NEEDS TO BE DONE.

- 1. BWWC3530; ADDED THE VALUES 0115, 0125, 0135 AND 0145 TO 88 LEVEL WW-070-REVENUE-PASS-XCEP176.
- 2. RECOMPILE BWSC3530 AND BWOC0087.

01/29/04. ADDED - 269.

02/17/04. UPDATED - 551.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 204 RUN DATE 06/02/04

CSR LOG

NUMBER - 4601 SUB BY- DINEEN KILMER SUB FOR- MMIS SERVICES PAGE- 1

ENTERED-01/29/04 PRIORITY- EST-DAYS-000 REQD
BEGIN-01/29/04 COMPLETE-02/27/04 CLOSE-

DESCRIPTION: CHANGES TO EXCEPTION 194

STATUS:

REQUEST CONTROL NUMBER: 4721

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

PLEASE ADD TO THE CRITERIA OF EXCEPTION CODE 194 (HOSPICE UNITS DON'T MATCH NUMBER OF DAYS) TO INCLUDE THE FOLLOWING REVENUE CODES: 115, 125, 135 & 145.

THIS HAS BEEN DISCUSSED WITH DARIN MORIN.

SYSTEM SPECIFICATIONS:

IN ORDER TO IMPLEMENT THIS CSR, THE $\,$ FOLLOWING $\,$ WILL $\,$ NEED $\,$ TO $\,$ BE $\,$ DONE:

- O BWPC3530; ADDED CODE TO SECTION S430 OF PROGRAM TO TOTAL THE NUMBER OF UNITS FOR EACH REVENUE CODE AND EACH LINE ITEM(115, 125, 135 & 145).
- O ADD CODE TO SECTION S485 OF PROGRAM BWPC3530 TO COMPARE THE TOTAL NUMBER OF UNITS TO THE TOTAL NUMBER OF DAYS, POST EXCEPTION 194 IF NOT EOUAL.
- O $\,$ ADDED SWITCHES, CONSTANTS, AND HOLD AREAS TO BWWC3530.
- O RECOMPILE PROGRAMS BWSC3530 AND BWOC0087.

01/29/04. ADDED - 269.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 205 RUN DATE 06/02/04

NUMBER - 4601 SUB BY- DINEEN KILMER SUB FOR- MMIS SERVICES	PAGE - 2
ENTERED-01/29/04 PRIORITY- EST-DAYS-000	REQD-
BEGIN-01/29/04 COMPLETE-02/27/04 CLOSE-	
02/17/04. UPDATED - 551.	
	'
	I
	I
	,
	I
	I

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 206 RUN DATE 06/02/04

CSR LOG

NUMBER - 4602 SUB BY- DINEEN KILMER SUB FOR- MMIS SERVICES PAGE- 1

ENTERED-01/29/04 PRIORITY- EST-DAYS-000 REQD
BEGIN-01/29/04 COMPLETE-02/27/04 CLOSE-

DESCRIPTION: CHANGES TO EXCEPTION 245

STATUS:

REQUEST CONTROL NUMBER: 4722

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

PLEASE ADD TO THE CRITERIA OF EXCEPTION 245 (HOSPICE CLIENT) TO BYPASS WHEN A CLAIM IS SUBMITTED BY PROVIDER TYPE 29 OR 51 OR 53 OR 84. ALSO, BYPASS 245 EXCEPTION FOR PROVIDER SPECIALTY 18.

THIS HAS BEEN DISCUSSED WITH DARIN MORIN.

SYSTEM SPECIFICATIONS:

TO COMPLETE THIS CSR THE FOLLOWING NEEDS TO BE DONE.

- BWPC3020; ADDED LOGIC IN S091-000 TO CHECK THE PROV TYPE OR PROV SPEC CODE FOR THE VALUES LISTED ABOVE, IF EQUAL THEN BY-PASS POST 245.
- 2. RECOMPILE BWSC3020 AND BWOC0031.

01/29/04. ADDED - 269.

02/23/04. UPDATED - 551.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 207 RUN DATE 06/02/04

CSR LOG

NUMBER - 4603 SUB BY-	ALLON PETERMAN	SUB FOR- LINDA COOK	PAGE - 1
ENTERED-01/29/04	PRIORITY-	EST-DAYS-000	REQD -
BEGIN-01/29/04 COMPLET	E- CLO	SE-	

DESCRIPTION: MODIFY REPORT BWMK9000-R001

STATUS: AWAITING ANALYSIS

REQUEST CONTROL NUMBER: 4723

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

CURRENTLY, REPORT BWMK9000-R001, CHECK REGISTER BY DEPOSIT DATE, HAS A TOTAL DEPOSIT (DAILY) AND YEAR TO DATE TOTALS.

MODIFY THE REPORT TO INCLUDE MONTHLY TOTALS. ON THE LAST PAGE OF THE REPORT, PROVIDE A RUNNING MONTHLY TOTAL TO INCLUDE MONTH/YEAR, CHECK COUNT, AND TOTAL DEPOSIT AMOUNT (SEE ATTACHED).

PLEASE SEE THE ATTACHED REPORT HAS THE WRONG DEPOSIT DATE OF 00/00/00 WHEN IT SHOULD HAVE BEEN 12/31/03. PLEASE CORRECT SO THE DATE PRINTS CORRECTLY.

ALSO, THE REPORT NEEDS TO BE DELIVERED TO BIN 22, THE 14TH AND THE 29TH OF EACH MONTH. IF THOSE DAYS FALL ON A WEEKEND OR HOLIDAY THE REPORT SHOULD BE DELIVERED ON THE PREVIOUS WORKDAY.

THIS REQUEST HAS BEEN DISCUSSED WITH DARIN MORIN.

SYSTEM SPECIFICATIONS:

01/29/04. ADDED - 269.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 208 RUN DATE 06/02/04

CSR LOG

NUMBER - 4605 SUB BY- ALLON PETERMAN SUB FOR- MMIS SERVICES PAGE- 1

ENTERED-02/04/04 PRIORITY- EST-DAYS-000 REQD
BEGIN-02/04/04 COMPLETE- CLOSE-

DESCRIPTION: MODIFY REPORT BWMC0900-R002

STATUS: IN PROCESS

REQUEST CONTROL NUMBER: 4725

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

PRESENTLY A HARDCOPY CLAIM CONTROL FILE LISTING SYSTEM PARAMETER REPORT (BWMC0900-R002) IS PRODUCED DAILY AND PLACED IN BIN 1.

PLEASE PLACE THE ABOVE REPORT ON THE COLD SYSTEM UNDER MMIS SERVICES, AND STOP PRINTING THIS REPORT ON A DAILY BASIS.

HOWEVER, PLEASE PRODUCE A NEW HARDCOPY REPORT THAT PROVIDES ALL THE SAME INFORMATION BUT IS ONLY PRINTED WHEN THERE IS A CHANGE TO THE REPORT, AND DELIVER THIS REPORT TO BIN 12.

THIS HAS BEEN DISCUSSED WITH DON BOOGERD.

SYSTEM SPECIFICATIONS:

IN ORDER TO IMPLEMENT THIS CSR, THE FOLLOWING WILL NEED TO BE DONE:

- 1. NOTIFY WOLF SCHWARZKOPF @ 725-1805 THAT BWMC0900-R002 NEEDS TO BE ADDED TO THE COLD SYSTEM.
- 2. MODIFY JCL WCLM0900 AND WCLM090S TO FTP THE REPORT TO REPORTS2BARR.
- 3. CREATE A SYSTEM UTILITY WHICH WILL COMPARE THE CURRENT REPORT TO THE LAST REPORT AND PRINT A HARD COPY WHEN A CHANGE HAS BEEN MADE

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 209 RUN DATE 06/02/04

	PAGE - 2
ENTERED-02/04/04 PRIORITY- EST-DAYS-000	REQD-
BEGIN-02/04/04 COMPLETE- CLOSE-	
02/04/04. ADDED - 269.	
03/04/04. UPDATED - 516.	

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 210 RUN DATE 06/02/04

CSR LOG

NUMBER - 4606 SUB BY- CHRISTINE CHUML SUB FOR- MMIS SERVICES PAGE- 1

ENTERED-02/04/04 PRIORITY- EST-DAYS-000 REQD
BEGIN-02/04/04 COMPLETE-03/19/04 CLOSE-

DESCRIPTION: RECYCLE FORCED TPL EXCEPTIONS

STATUS:

REQUEST CONTROL NUMBER: 4726

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

PLEASE POST EXCEPTION 898 (TO MANY CLAIMS PER RECIP) TO CLAIMS THAT ARE FORCED BY THE SYSTEM PER CSR 4016 (ATTACHED). THESE CLAIMS NEED TO GO THROUGH AN ADJUDICATION CYCLE AFTER THE COB EXCEPTIONS ARE FORCED TO DETERMINE IF ANY AUDITS APPLY (SUCH AS 053 AND 100).

CLAIMS PAY INCORRECTLY WHEN THE AUDITS DON'T POST.

THIS HAS BEEN DISCUSSED WITH DON BOOGERD AND DARIN MORIN.

ADDENDUM AS OF FEBRUARY 13, 2004

PRIOR TO FINALIZING CLAIMS THAT HAVE GONE THROUGH ADJUDICATION PROCESS OUTLINED IN THIS CSR REVIEW EACH ADJUDICATED CLAIM FOR 031 EOB ANYWHERE ON THE CLAIM AND A REMITTANCE AMOUNT OF ZERO. IF 031 APPEARS ON THE CLAIM AND HAS A REMITTANCE AMOUNT OF ZERO, POST NEW EXCEPTION.

ADDENDUM AS OF MARCH 9, 2004 (ALLON PETERMAN SUBMITTED FOR CARMEN GIGSTEAD)

DO NOT PRINT FLAT SHEETS FOR CLAIMS IN LOCATION 17. THIS IS THE LOCATION THAT EXCEPTION 1014 IS USING.

SYSTEM SPECIFICATIONS:

BWMC5000, ADD LOGIC TO POST EXCEPTION 898 IF WE SYSTEM FORCE EX-

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 211 RUN DATE 06/02/04

CSR LOG

NUMBER - 4606 SUB BY-	CHRISTINE CHUML SUB FOR - MMIS SERVICE	ES PAGE - 2
ENTERED-02/04/04	PRIORITY- EST-DAYS-000	REQD-
BEGIN-02/04/04 COMPLET	E-03/19/04 CLOSE-	

CEPTION 166.

ADDENDUM: FEBRUARY 13, 2004

BWMC5000, ADD LOGIC TO POST A NEW EXCEPTION 1014 IF CLAIM REIMBURSTMENT AMOUNT IS ZERO AND EOB 031 IS ON THE CLAIM.

02/04/04. ADDED - 269.

02/12/04. UPDATE- 550.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 212 RUN DATE 06/02/04

CSR LOG

NUMBER - 4607 SUB BY- SANDY ASBACH SUB FOR- MMIS SERVICES PAGE- 1

ENTERED-02/04/04 PRIORITY- EST-DAYS-000 REQD
BEGIN-02/04/04 COMPLETE-02/20/04 CLOSE-

DESCRIPTION: CHANGES TO EXCEPTION 387

STATUS:

REQUEST CONTROL NUMBER: 4727

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

PLEASE UPDATE EXCEPTION CODE 387 (LOCAL PROCEDURE CODE BILLED WITH DATES OF SERVICE 10/16/03 AND AFTER) TO ADD THE FOLLOWING BOLDED ADDITION:

EXCEPTION WILL BE BYPASSED IF:

- 1. COMPUTER GENERATED CLAIM WITH THE FOLLOWING PROCEDURE CODES-0350M, 0351M, 0352M, 0360M OR 0361M OR;
- 2. CATEGORY III CODES LISTED IN CPT PROFESSIONAL EDITION 0001T-0099T.

THIS HAS BEEN DISCUSSED WITH DARIN MORIN.

SYSTEM SPECIFICATIONS:

- O ADD LOGIC TO SECTION S100-MEDICAL-LOCAL-CD OF BWPC2090 TO BY-PASS THE POSTING OF THE EXCEPTION.
- O ADD A NEW 88 LEVEL (WK-005-LOCAL-CPT-CODE-BYPS) TO BWWC2090 WHICH WILL HOLD THE VALUES FOR PROCEDURE CODES 0001T 0099T.
- O RECOMPILE PROGRAMS BWSC2090 AND BWOC0100.

02/04/04. ADDED - 269.

02/17/04. UPDATED - 158.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 213 RUN DATE 06/02/04

CSR LOG

NUMBER - 4609 SUB BY- PATTY ORTH SUB FOR- NORMA LEAVITT PAGE- 1

ENTERED-02/06/04 PRIORITY- EST-DAYS-000 REQD
BEGIN-02/06/04 COMPLETE-04/09/04 CLOSE-

DESCRIPTION: MODIFY POS TO ITA CONVERSION

STATUS:

REQUEST CONTROL NUMBER: 4729

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

FOR PRESCRIPTION DRUG CLAIMS, PLEASE STOP TRANSLATING THE OTHER COVERAGE CODE 4 IN POS TO THE 7 IN THE MMIS ITA FIELD.

THIS HAS BEEN DISCUSSED WITH RANDY STAMP.

SYSTEM SPECIFICATIONS:

IN ORDER TO IMPLEMENT THIS CSR, THE FOLLOWING WILL NEED TO BE DONE:

O REMOVE LOGIC IN $$400\mathcharpoonup{\rm S400}\mathcharpoonup{\rm Colored}$ OF BWMX5000 WHICH MADE THE TRANSLATION.

02/06/04. ADDED - 269.

03/22/04. UPDATED - 516.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 214 RUN DATE 06/02/04

CSR LOG

		CSR LOG		
NUMBER - 4610 SUB B			CONNIE RIDDLE	PAGE - 1
ENTERED-02/06/04	PRIORITY-	EST-DAYS-00	00	REQD-
BEGIN-02/06/04 COMPL				
DESCRIPTION: E	XCLUDE NDC LIS	T FROM REBATE		
STATUS:				
SIRIUS.				
REQUEST CONTR	OL NUMBER: 4732	2		
DESCRIPTION O	F REQUEST: Y2K	IMPACT: MAA: 1	NO CONSULTEC:	NO
DED CMC DELEA	CF 120 DIFACE	EVCITION THE DO	OT LOWING MDG!C	FROM DRUG REBATE
INVOICING:	SE 120, PLEASE	EXCLUDE THE FC	DELOWING NDC 3	TROM DOUG REBAIL
37205000916	37205007578	37205012978	37205021998	37205060243
37205001016	37205007678	37205012576	37205022743	37205066445
37205001126	37205007972	37205014378	37205024075	37205082243
37205001243	37205008078	37205014472	37205025275	37205083143
37205001245	37205008178	37205014978	37205025475	37205087134
37205001534	37205008278	37205015671	37205025971	37205087143
37205001634 37205001734	37205008378	37205015871 37205017478	37205026771 37205031845	37205087145
37205001734	37205008478 37205008678	37205017478	37205031845	
37205001834	37205008878	37205017878	37205031897	
37205005375	37205008881	37205017851	37205038878	
37205006927	37205008985	37205017931	37205030978	
37205006986	37205009087	37205018472	37205039172	
37205007178	37205009671	37205018581	37205039272	
37205007281	37205009978	37205018634	37205041378	
37205007378	37205010071	37205018885	37205041478	
37205007478	37205010878	37205018978	37205060207	
SYSTEM SPECIF	TCATTONS:			
SISIEM SPECIF	TONITONS.			
TO COMPLETE	THIS CSR THE F	OLLOWING NEEDS	TO BE DONE.	
1. ADD THE	NDC'S TO WH-000	O-BYPASS-NDC II	N PROGRAM BWMQ1	000.

02/06/04. ADDED - 269.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 215 RUN DATE 06/02/04

		SUB FOR- CONNIE RIDDLE	
ENTERED-02/06/04	PRIORITY-		REQD-
BEGIN-02/06/04 COMPL	ETE-02/27/04 CI		
02/26/04. UPD			

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 216 RUN DATE 06/02/04

CSR LOG

NUMBER - 4611 SUB BY- SANDY ASBACH SUB FOR- MMIS SERVICES PAGE - 1

ENTERED-02/06/04 PRIORITY- EST-DAYS-000 REQD
BEGIN-02/06/04 COMPLETE-03/05/04 CLOSE-

DESCRIPTION: ADD 49 TO SITE OF SERVICE

STATUS:

REQUEST CONTROL NUMBER: 4733

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

PLEASE ADD THE FOLLOWING HIGHLIGHTED 2 DIGIT PLACE OF SERVICE CODE TO THE MMIS FOR SITE OF SERVICE PAYMENT DIFFERENTIAL. YOU MAY REFERENCE AND SEE ATTACHED CSR #4433.

NON FACILITY PAYMENT:

DOUBLE (2) DIGIT PLACE OF SERVICE CODE: 49

THIS HAS BEEN DISCUSSED WITH DARIN MORIN.

SYSTEM SPECIFICATIONS:

- O ADD THE NEW TWO DIGIT PLACE OF SERVICE CODE TO ${\tt S380-010-GET-PROCEDURE-DATA}$ OF ${\tt BWPC3550}$.
- O RECOMPILE PROGRAMS BWSC3550 AND BWOC0086.

02/06/04. ADDED - 269.

03/01/04. UPDATED - 158.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 217 RUN DATE 06/02/04

CSR LOG

NUMBER - 4612 SUB BY- CATHIE OTT SUB FOR- MICHELLE SENN PAGE- 1

ENTERED-02/06/04 PRIORITY- EST-DAYS-000 REQD
BEGIN-02/06/04 COMPLETE-04/02/04 CLOSE-

DESCRIPTION: DISEASE MANAGEMENT EXTRACT

STATUS:

REQUEST CONTROL NUMBER: 4734

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

INTENT OF CSR: TO CREATE A FILE OF DISEASE MANAGEMENT CLIENTS AND COSTS ASSOCIATED WITH THE PROGRAM.

PLEASE CREATE A FILE OF DISEASE MANAGEMENT CLIENTS WHO

- * HAD ELIGIBILITY ANYTIME BETWEEN 04/01/00 AND 06/30/03 AND
- * HAVE ONE OF THE PROGRAM, MATCH AND ELIGIBILITY COMBINATIONS LISTED BELOW:

ACO, ASO, AUO, A10, A20, BCO, BSO, BUO, B10, B20, PCO, PSO, P10, P20, PUO, XGO, XUO, C10, C20, CSO, CCO, E10, E20, ESO, ECO, HCO, HSO, HTO, HMO, UHO

- * EXCLUDE ANY CLIENT WHO HAS A PCOP TYPE C OR P WITH A PCOP END DATE OF 999999 ON PAGE 6 OF THE RECIPIENT ELIGIBILITY FILE.
- EXCLUDE ANY CLIENTS WHO HAVE A TPL SEGMENT WITH A CARRIER ID CODE OF DOUBLE ALPHA, DOUBLE NUMERIC AND A TPL SEGMENT END DATE OF 999999 ON PAGE 4 OF THE RECIPIENT ELIGIBILITY FILE.

PLEASE INCLUDE THE FOLLOWING INFORMATION ON THIS FILE:

CLIENTS ELIGIBILITY BEGIN AND END DATE

CLIENTS DOB

CLIENTS PIC

CLIENTS GENDER

CLIENTS PROGRAM AND MATCH CODE

DISEASE MANAGEMENT INDICATOR (M)

DISEASE MANAGEMENT PROVIDER NUMBER

DISEASE MANAGEMENT SEGMENT (BEGIN AND END DATE)

(CLAIMS FILE)

AFTER THE ELIGIBLE CLIENTS HAVE BEEN IDENTIFIED, PLEASE CREATE A FILE OF ALL CLAIMS AND CLAIM TYPES WITH DOS INCURRED BETWEEN 04/01/00 AND 06/30/03 WITH PAID DATES OF 4/1/00 THROUGH 12/31/03 FOR THAT IDENTIFIED GROUP. PLEASE INCLUDE ALL DETAIL LINES.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 218 RUN DATE 06/02/04

CSR LOG

NUMBER - 4612 SUB BY- CATHIE OTT SUB FOR- MICHELLE SENN PAGE- 2 ENTERED-02/06/04 PRIORITY- EST-DAYS-000 REQD-BEGIN-02/06/04 COMPLETE-04/02/04 CLOSE-PLEASE INCLUDE THE FOLLOWING INFORMATION ON THIS FILE: BILLING PROVIDER NUMBER CATEGORY OF SERVICE CPT-4 CODE PRIMARY DIAGNOSIS CODE DIAGNOSIS CODES 1-9 IF APPLICABLE DOS ADMIT AND DISCHARGE DATE IF INSTITUTIONAL CLAIM PIC NDC CODE PAID AMOUNT PERFORMING PROVIDER NUMBER PLACE OF SERVICE PROVIDER TYPE PROVIDER SPECIALTY REVENUE CODE CLAIM NUMBER CLAIM TYPE ICD CODE 1 ICD CODE 2 ICD CODE 3 ADMIT DATE SERVICE END DATE PROCEDURE CODES MODIFIER CODES OUANTITY TYPE OF SERVICE BILLED AMOUNT ADJUST AMOUNT ADJUSTMENT REASON CODE COINSURANCE AMOUNT PAID DATE DRG CODE DISCHARGE CODE REFERRING PROVIDER NUMBER (IF APPLICABLE) GENDER PROGRAM CODE

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 219 RUN DATE 06/02/04

CSR LOG

NUMBER - 4612 SUB BY- CATHIE OTT SUB FOR- MICHELLE SENN PAGE - 3

ENTERED-02/06/04 PRIORITY- EST-DAYS-000 REQD
BEGIN-02/06/04 COMPLETE-04/02/04 CLOSE-

MATCH CODE
MEDICAL ELIGIBILITY CODE

(PROVIDER FILE)

PLEASE PROVIDE A FILE OF ALL PROVIDERS ACTIVE DURING THE TIME PERIOD OF 4/1/00 THROUGH 6/30/03 WITH THE FOLLOWING INFORMATION RELATED TO THE ABOVE CLAIMS REQUESTED:

PROVIDER NAME
PROVIDER NUMBER
PROVIDER TYPE
PROVIDER SPECIALTY
PROVIDER ADDRESS, CITY, STATE, ZIP

THIS IS BASICALLY A REPEAT OF A PREVIOUS CSR HOWEVER THE DATES HAVE BEEN CHANGED.

HOWEVER, THIS CSR IS TO PROVIDE INFORMATION FOR A SPECIFIC TIME FRAME AND TO ESTABLISH A REPORT FOR COSTS ASSOCIATED WITH PROVIDING SERVICES TO THE DISEASE MANAGEMENT POPULATION.

I WOULD LIKE TO HAVE THIS INFORMATION BY FEBRUARY 25, 2004. PLEASE DELIVER THE INFORMATION TO EBIN 41. IF THERE ARE ANY QUESTIONS, PLEASE CONTACT ME AT 725-1643.

THIS HAS BEEN DISCUSSED WITH ACS.

ADDENDUM AS OF MARCH 22, 2004

PLEASE RECREATE THE RECIPIENT FILE TO INCLUDE ALL ELIGIBILITY SEGMENTS TO INCLUDE THE PROGRAM MATCH AND ELIGIBILITY CODES FROM 4/1/00 THROUGH PRESENT FOR EACH RECIPIENT.

THE ORIGINAL RECIPIENT FILE MAY STILL BE AVAILABLE ON THE SFT SITE. PLEASE LET ME KNOW IF YOU WANT TO USE THAT FILE FOR THE LIST OF RECIPIENTS.

THIS HAS BEEN DISCUSSD WITH DON BOOGERD.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 220 RUN DATE 06/02/04

CSR LOG

NUMBER - 4612 SUB BY-	CATHIE OTT	SUB FOR- MICHELLE SENN	PAGE – 4	
ENTERED-02/06/04	PRIORITY-	EST-DAYS-000	REQD -	
BEGIN-02/06/04 COMPLET	TE-04/02/04 CLC)SE-		

SYSTEM SPECIFICATIONS:

- O CREATE A ONE TIME USE PROGRAM (CSR4612R) WHICH WILL BE USED TO READ, SELECT AND CREATE THE EXTRACT FOR THOSE RECIPIENTS THAT MEET THE SPECIFIED SELECTION CRITERIA.
- O CREATE A SYSTEM UTILITY WHICH WILL READ IN THE FILE CREATED ABOVE AND PULL ALL CLAIMS RELATED TO THESE RECIPIENTS FOR A SPECIFIED DATE RANGE 'CTEC158.WASH.CSRS(CSR4612W)'.
- O CREATE A ONE TIME USE PROGRAM (CSR4612C) WHICH WILL READ THE FILE CREATED BY 'CTEC158.WASH.CSRS(CSR4612W)' AND CREATE AN EXTRACT OF REQUESTED DATA.
- O CREATE A SYSTEM UTILITY WHICH WILL CREATE A PROVIDER EXTRACT OF FIELDS SPECIFIED IN THE CSR 'CTEC158.WASH.CSRS(CSR4612P)'.
- O $\,$ DOWN LOAD THE FILES CREATED ABOVE TO THE FTP SERVER, AND $\,$ SEND THEM TO THE USER VIA THE SFT SYSTEM.

02/06/04. ADDED - 269.

02/25/04. UPDATED - 158.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 221 RUN DATE 06/02/04

CSR LOG

NUMBER - 4623 SUB BY- SANDRA RICCOLO SUB FOR- MMIS SERVICES PAGE - 1

ENTERED-02/12/04 PRIORITY- EST-DAYS-000 REQD
BEGIN-02/12/04 COMPLETE-04/02/04 CLOSE-

DESCRIPTION: CHANGES TO EXCEPTION 560

STATUS:

REQUEST CONTROL NUMBER: 4744

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

PLEASE MAKE A CORRECTION TO THE CRITERIA OF EXCEPTION 560 "FQHC ENCOUNTER BILLED WITHOUT A QUALIFYING SERVICE", LETTER D., TO READ:

D. THERE ARE NO OTHER LINE-ITEMS WITH MATCHING DATES OF SERVICE AND LINE-ITEM ALLOWED AMOUNT GREATER THAN ZERO EXCLUDING THE FOLLOWING CODES: 36400-36425 (BLOOD DRAWS); 36511-36515; 38204-38215; 70000-79999 (RADIOLOGY); 80000-89999; 90281-90799; D0210, D0220, D0230, D0420, D0270, D0272, D0274, D0321 & D0330 (DENTAL RADIOGRAPHS); D0460 & D0501 (TEST & LAB EXAM); D1203 (TOPICAL FLOURIDE APPLICATION); P3000-P3001 (LAB TESTS); AND ALL HCPCS PROCEDURE J CODES, Q CODES, AND S CODES (DRUGS).

THIS HAS BEEN DISCUSSED WITH DARIN MORIN.

SYSTEM SPECIFICATIONS:

TO COMPLETE THIS CSR THE FOLLOWING NEEDS TO BE DONE.

- 1. BWMC5000; ADDED VALUES 90281 90799 AND D1203 TO 88 LEVEL WH-100-BYPASS-560-PROC.
- 2. RECOMPILE BWMC5000.

ADDENDUM AS OF MARCH 10, 2004.

TO COMPLETE THIS CSR THE FOLLOWING NEEDS TO BE DONE.

1. BWMC5000; ADDED 88 LEVEL WH-100-S-CODES-POST-560 CONTAINING THE VALUES S9445 - S9470. ADDED 88 WH-101-BYPASS-560-SCODES

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICALD MANAGEMENT INFORMATION SYSTEMS

PAGE 222 RUN DATE 06/02/04

CSR LOG

NUMBER - 4623 SUB BY- SANDRA RICCOLO SUB FOR- MMIS SERVICES PAGE- 2
ENTERED-02/12/04 PRIORITY- EST-DAYS-000 REQD-
BEGIN-02/12/04 COMPLETE-04/02/04 CLOSE-
CONTAINING THE VALUE S AND REMOVED THE VALUE S FROM WH- 101 -BYPASS- 560 -HCPCS. ADDED LOGIC TO CHECK THE NEW 88 LEV-ELS.
2. RECOMPILE BWMC4000.
02/12/04. ADDED - 269.
02/26/04. UPDATED - 551.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 223 RUN DATE 06/02/04

CSR LOG

NUMBER - 4625 SUB BY- CATHIE OTT SUB FOR- MMIS SERVICES PAGE - 1

ENTERED-02/18/04 PRIORITY- EST-DAYS-000 REQD
BEGIN-02/18/04 COMPLETE-03/12/04 CLOSE-

DESCRIPTION: EXTRACT OF PROC CODES FOR MSIS

STATUS:

REQUEST CONTROL NUMBER: 4747

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

PLEASE PREPARE A LIST OF WASHINGTON LOCAL HCPCS/PROCEDURE CODES WITH ACCOMPANYING DEFINITIONS (THE LAST PRE-HIPAA LIST). THIS HAS BEEN REQUESTED BY MATHEMATICA (CMS' CONTRACTOR) AND SUPPORTS THE UNDERSTANDING OF WASHINGTON'S MSIS DATA.

THE LIST THAT MATHEMATICA CURRENTLY HAS IS DATED 6/2/1998 - IT IS ATTACHED FOR REFERENCE.

PLEASE SEND THE COMPLETED LIST TO CATHIE OTT.

THIS HAS BEEN DISCUSSED WITH BROOKE CAMPBELL.

SYSTEM SPECIFICATIONS:

TO MEET THE REQUIREMENTS OF THIS CSR, A SYSTEM UTILITY WILL BE WRITTEN TO READ THE PROCEDURE CODES ON THE PDDD MASTER FILE. ANY CODES ENDING IN AN ALPHA CHARACTER REPRESENTS A LOCAL (WASHINGTON SPECIFIC) CODE.

A FILE CONTAINING THE PROCEDURE CODE, TYPE OF SERVICE, AND DESCRIPTION WILL BE GENERATED.

02/18/04. ADDED - 269.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 224 RUN DATE 06/02/04

CSR LOG

NUMBER - 4625 SUB BY- CATHIE OTT SUB FOR- MMIS SERVICES	PAGE - 2
ENTERED-02/18/04 PRIORITY- EST-DAYS-000	REQD -
BEGIN-02/18/04 COMPLETE-03/12/04 CLOSE-	
03/10/04. UPDATED - 521.	

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 225 RUN DATE 06/02/04

CSR LOG

 NUMBER - 4626
 SUB BY- CATHIE OTT
 SUB FOR- MMIS SERVICES
 PAGE - 1

 ENTERED-02/18/04
 PRIORITY- EST-DAYS-000
 REQD-02/23/04

 BEGIN-02/18/04
 COMPLETE-02/27/04
 CLOSE

DESCRIPTION: 1099 PROCESS DOCUMENTATION

STATUS:

REQUEST CONTROL NUMBER: 4748

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

AN IRS AUDITOR IS SCHEDULED FOR AN ENTRANCE CONFERENCE ON FEBRUARY 27. PLEASE PRODUCE A DOCUMENT THAT OUTLINES THE PROCESS FOR CREATION OF 1099S. PLEASE INCLUDE WHO IS RESPONSIBLE FOR WHAT PORTIONS OF THE PROCESS, WHAT IS SENT TO DSHS, WHAT IS RETAINED BY ACS AND WHERE ITEMS ARE STORED FOR REFERENCE.

THIS DOCUMENTATION IS NEEDED BY FEBRUARY 23, 2004 IN ORDER TO REVIEW PRIOR TO THE AUDIT ENTRANCE CONFERENCE.

THIS HAS BEEN DISCUSSED WITH DON BOOGERD.

SYSTEM SPECIFICATIONS:

DOCUMENTATION WAS SENT VIA DSHS MEMO 3246.

02/18/04. ADDED - 269.

04/29/04. UPDATED - 521.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 226 RUN DATE 06/02/04

CSR LOG

NUMBER - 4627 SUB BY- CATHIE OTT SUB FOR- MMIS SERVICES PAGE- 1

ENTERED-02/18/04 PRIORITY- EST-DAYS-000 REQD
BEGIN-02/18/04 COMPLETE- CLOSE-

DESCRIPTION: MODIFY HWT EXTRACTS

STATUS: TESTING

REQUEST CONTROL NUMBER: 4749

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

ACS CURRENTLY PRODUCES MONTHLY DATA EXTRACTS FOR LOAD TO THE DSS - MANAGED BY THE PAYMENT REVIEW PROGRAM/CONTRACTOR HWT, INC.

PLEASE PRODUCE WEEKLY DATA EXTRACTS OF THE FOLLOWING FILES:

WASHOUT.FADEXT.HIST.DATA
WASHOUT.FAD01SA.DATA
WASHOUT.FAD02SA.DATA
WASHOUT.FAD03SA.DATA
WASHOUT.FAD03SA.DATA
WASHOUT.FAD04SA.DATA
WASHOUT.FAD05SA.DATA
WASHOUT.FAD07SA.DATA
WASHOUT.FAD07SA.DATA
WASHOUT.FADEXT.DRUG.DATA
WASHOUT.FADRECP.DATA
WASHOUT.FADROV.DATA

WASHOUT.PIPICN.DATA

THE WEEKLY EXTRACTS WILL BE SENT ELECTRONICALLY TO HWT, INC. DETAILS OF THE ELECTRONIC DATA TRANSFER WILL REQUIRE CONTINUING TECHNICAL DISCUSSIONS.

THIS HAS BEEN DISCUSSED WITH DON BOOGERD.

SYSTEM SPECIFICATIONS:

IN ORDER TO IMPLEMENT THIS CSR, THE FOLLOWING WILL NEED TO BE DONE:

1. ADD A NEW JOB CONTAINING ALL THE PROGRAMS WHICH CREATE THE REQUESTED EXTRACTS TO THE END OF EVENT RUNWKLY.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 227 RUN DATE 06/02/04

CSR LOG

		.
NUMBER - 4627	SUB BY- CATHIE OTT SUB FOR- MMIS SERVICES PAGE- 2	
ENTERED-02/18/04	PRIORITY- EST-DAYS-000 REQD-	
BEGIN-02/18/04	COMPLETE- CLOSE-	ļ
		ĺ
	NGE THE INPUT FILE USED TO CREATE THE HWT HISTORY EXTRACT THE C7500SC (WEEKLY CLAIMS) FILE.	
3. REM	OVE THE STEPS TO CREATE THE HWT EXTRACTS FROM THE FOLLOWING S:	
0	BWCHHSTT	
0	BWMAARECP	į
0	BWMAAPROV	į
0	BWMAADRUG	

4. MOVE JOB BWFADCTG TO THE END OF EVENT RUNWKLY.

02/18/04. ADDED - 269.

03/04/04. UPDATED - 516.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 228 RUN DATE 06/02/04

CSR LOG

NUMBER - 4628 SUB BY- SANDRA RICCOLO SUB FOR- SANDY ASBACH PAGE- 1

ENTERED-02/18/04 PRIORITY-2 EST-DAYS-000 REQD
BEGIN-02/18/04 COMPLETE- CLOSE-

DESCRIPTION: CHANGES TO EXCEPTION 611

STATUS: IN PROCESS

REQUEST CONTROL NUMBER: 4750

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

PLEASE UPDATE THE POSTING CRITERIA OF EXCEPTION 611 (NON-COVERED PRO-CEDURE CODE WITH AUTHORIZATION NUMBER ON CLAIM) TO READ:

EXCEPTION WILL NOT POST IF:

ALLOWED-CHARGE-SOURCE IS EQUAL TO "A" (MANUALLY PRICED).
CLAIM TYPE IS EQUAL TO "O" (PT. B MCARE) AND (MATCH CODE IS EQUAL
TO "D" (QMB) OR MEDICAL CODE IS EQUAL TO "7" (MCARE-BUY-IN-QMB) OR

"8" (MCARE-BUY-IN-QDWI)).

OR IF TYPE OF SERVICE "3" (PHYSICIAN CLAIM TYPE) AND PROCEDURE CODE SHOWS TYPE "6" (NON-COVERED) FOR DATE OF SERVICE ON THE PDDD FILE AND THE PRIOR AUTHORIZATION FIELD ON THE PDDD FILE IS BLANK (DOES NOT HAVE AN "S" OR A "Y") FOR THE DATE OF SERVICE.

ALL OTHER CRITERIA IN THIS EXCEPTION SHALL REMAIN UNCHANGED.

THIS HAS BEEN DISCUSSED WITH DARIN MORIN.

SYSTEM SPECIFICATIONS:

- O ADD LOGIC TO SECTION S380-075-FACTOR-CHECKS OF BWPC3550 TO PERFORM A NEW SECTION THAT WILL CHECK FOR THE ABOVE CRITERIA AND DETERMINE IF EXCEPTION 611 WILL BE BYPASSED.
- O CREATE A NEW SECTION THAT WILL CHECK THE PA INDICATOR FOR A 'Y' OR 'S' FOR THE DATES OF SERVICE ON THE CLAIM. IF THERE IS NO 'Y' OR 'S' FOR THE DATES OF SERVICE ON THE CLAIM A SWITCH WILL BE SET TO BYPASS THE POSTING OF EXCEPTION 611. (S387)
- O ADDED A NEW SWITCH TO BWWC3550 WHICH WILL BE USED IN THE BY-

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 229 RUN DATE 06/02/04

CSR LOG

NUMBER - 4628 SUI	B BY- SANDRA	RICCOLO		Y ASBACH	PAGE -	2
ENTERED-02/18/04	PRIOR	RITY-2	EST-DAYS-000		REQD-	
BEGIN-02/18/04 COM	MPLETE-	CLOS				
PASSI	NG OF EXCEPT	ON 611.				
O RECOM	PILE PROGRAMS	BWSC355	0 AND BWOC0086.			
02/18/04.	ADDED - 269.					
05/24/04. ī	JPDATED - 158	3.				

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 230 RUN DATE 06/02/04

CSR LOG

NUMBER - 4629 SUB BY- ALLON PETERMAN SUB FOR- JOHN DAVIS PAGE - 1

ENTERED-02/18/04 PRIORITY- EST-DAYS-000 REQD
BEGIN-02/18/04 COMPLETE-05/28/04 CLOSE-

._____

DESCRIPTION: NEW PROV ENROLLMENT STATUS

STATUS:

REQUEST CONTROL NUMBER: 4751

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

PLEASE MAKE A NEW INDICATOR "S" VALID FOR PROVIDERS WHO ARE PUT IN A "SUSPENDED STATUS" BY MAA MEDICAL CONSULTANTS.

WHEN THE "S" INDICATOR IS ON THE PROVIDER'S FILE THE CLAIM WILL POST A NEW EXCEPTION THAT WILL BE SET TO DENY THE CLAIMS WITH A NEW EOB EXPLAINING THE REASON FOR THE DENIAL.

THIS HAS BEEN DISCUSSED WITH DON BOOGERD.

SYSTEM SPECIFICATIONS:

TO COMPLETE THIS CSR THE FOLLOWING NEEDS TO BE DONE.

- 1. COMPLETE ADD SYSTEM CHANGES TO MAKE S A VALID VALUE FOR PRO-VIDER STATUS.
- 2. BWPC3520; ADD LOGIC TO CHECK FOR PROVIDER STATUS OF S, IF FOUND THEN POST A NEW EXCEPTION.
- 3. RECOMPILE BWSC3520 AND BWOC0085.

02/18/04. ADDED - 269.

05/11/04. UPDATED - 551.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 231 RUN DATE 06/02/04

CSR LOG

NUMBER - 4634 SUB BY- ALLON PETERMAN SUB FOR- MMIS SERVICES PAGE- 1

ENTERED-02/19/04 PRIORITY- EST-DAYS-000 REQD
BEGIN-02/19/04 COMPLETE- CLOSE-

DESCRIPTION: ADDITIONAL PROV TYPES ON PDDD

STATUS: IN PROCESS

REQUEST CONTROL NUMBER: 4756

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

CURRENTLY ON THE PROCEDURE, DRUG, DIAG, & DRG FILE, USING THE PROCEDURE KEY, THERE ARE ONLY 12 SPACES ALLOWED FOR PROVIDER TYPES, IN THE "PR-TYP:" FIELD. PLEASE ADD MORE SPACES TO THIS FIELD SO ADDITIONAL PROVIDER TYPES CAN BE ADDED.

IN THE MEAN TIME, PLEASE HARD CODE PROVIDER TYPE 41, BLOOD BANKS, FOR PROCEDURE CODE 36415 AS VALID.

SYSTEM SPECIFICATIONS:

FOR PHASE 1 TO COMPLETE THIS CSR THE FOLLOWING NEEDS TO BE DONE.

- BWPC3550; ADD LOGIC IN SECTIONS S810 AND S590 TO CHECK IF PROC CODE IS 36415 AND PROVIDER TYPE IS 41, THAN BYPASS POSTING EX-CEPTION 332.
- 2. RECOMPILE BWSC3550 AND BWOC0086.

02/19/04. ADDED - 269.

03/09/04. UPDATED - 551.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 232 RUN DATE 06/02/04

CSR LOG

NUMBER - 4635 SUB BY-				
ENTERED-02/19/04	PRIORITY-	EST-DAYS-000	REQD-	
BEGIN-02/19/04 COMPLETE	CLOS	SE-		

DESCRIPTION: MODIFY PA EXC A ON LINE ITEM

STATUS: IN PROCESS

REQUEST CONTROL NUMBER: 4757

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

PLEASE UPDATE THE SYSTEM CRITERIA TO RECOGNIZE AN AUTHORIZATION NUMBER EITHER AT HEADER LEVEL OR LINE LEVEL WHEN AN EXCEPTION POSTS AND THE DISPOSITION STATUS ON THE EXCEPTION CONTROL FILE (PAGE 7) IS AN "A". PLEASE REFER TO THE ATTACHED CSR #3338 RCN #3398.

THIS HAS BEEN DISCUSSED WITH DARIN MORIN.

SYSTEM SPECIFICATIONS:

02/19/04. ADDED - 269.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 233 RUN DATE 06/02/04

CSR LOG

NUMBER - 4636 SUB BY- DINEEN KILMER SUB FOR- MMIS SERVICES PAGE- 1

ENTERED-02/19/04 PRIORITY- EST-DAYS-000 REQD
BEGIN-02/19/04 COMPLETE-03/26/04 CLOSE-

DESCRIPTION: ADD PROC CODE T2022 TO AUTO ADJ

STATUS:

REQUEST CONTROL NUMBER: 4758

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

PLEASE ADD PROCEDURE CODE T2022 TO THE AUTOMATED ADJUSTMENT PROCESS CURRENTLY IN PLACE FOR MANAGED CARE CLAIMS. PLEASE SEE ATTACHED CSR 3760.

THIS HAS BEEN DISCUSSED WITH DON BOOGERD.

SYSTEM SPECIFICATIONS:

IN ORDER TO IMPLEMENT THIS CSR, THE FOLLOWING WILL NEED TO BE DONE:

 ADD PROC CODE T2022 TO THE EXISTING LIST OF PROCEDURE CODES CREATED IN CSR3760.

02/19/04. ADDED - 269.

03/17/04. UPDATED - 516.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 234 RUN DATE 06/02/04

CSR LOG

NUMBER - 4638 SUB BY- CATHIE OTT SUB FOR- EPSDT STAFF PAGE- 1

ENTERED-02/22/04 PRIORITY- EST-DAYS-000 REQD
BEGIN-02/22/04 COMPLETE-03/12/04 CLOSE-

DESCRIPTION: CMS - 416 REPORT

STATUS:

REQUEST CONTROL NUMBER: 4760

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

PLEASE PREPARE A DRAFT OF THE CMS-416 REPORT COVERING THE OCTOBER 1, 2002 - SEPTEMBER 30, 2003 FEDERAL FISCAL YEAR. PLEASE DIVIDE THE DRAFT REPORT INTO TWO COMPONENTS FOR REVIEW: FEE-FOR-SERVICE AND HEALTHY OPTIONS/MANAGED CARE. WE WOULD LIKE TO HAVE THE DRAFT TO US BY MARCH 8, 2004 FOR REVIEW. PLEASE DELIVER TO BIN 12, ATTN: CATHIE OTT.

FOLLOWING DSHS STAFF REVIEW OF THE DRAFT REPORT, PLEASE PREPARE THE FINAL 416 REPORT COMBINING FFS AND HO/MC FOR CMS. PLEASE DELIVER FINAL REPORT TO CATHIE OTT, BIN 12.

THIS REPORT IS DUE TO CMS BY APRIL 1, 2004.

SYSTEM SPECIFICATIONS:

DRAFT REPORTS WERE DELIVERED. A REVIEW MEETING WAS HELD ON MARCH 18TH. MODIFICATIONS WERE MADE AND SENT VIA E-MAIL ON MARCH 22.

02/22/04. ADDED - 269.

03/29/04. UPDATED - 521.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 235 RUN DATE 06/02/04

CSR LOG

NUMBER - 4639 SUB BY- CATHIE OTT SUB FOR- CLYDE TAKEUCHI PAGE- 1 ENTERED-02/22/04 PRIORITY- EST-DAYS-000 REOD -

BEGIN-02/22/04 COMPLETE-05/07/04 CLOSE-

DESCRIPTION: COB REVIEW UNIT EXTRACTS

STATUS:

REOUEST CONTROL NUMBER: 4761

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

THE COORDINATION OF BENEFITS REVIEW UNIT IS REQUESTING TWO REPORTS TO BE GENERATED ELECTRONICALLY. THE ONLY DIFFERENCE IN THE TWO REPORTS IS THE BILL STATUS CODE OUALIFIER.

REPORT #1

CRITERIA:

MAA REIMBURSEMENT AMOUNT =/>"\$15.00"

BILL STATUS CODE (FROM TPL BILLING FILE) = "V"

ITA = "7" OR IS "BLANK"

CARRIER CODES = BC03 OR BC27 OR BS02 CJ01 OR CL01 OR GM01 OR HD06 OR KC01 OR KC03 OR KC04 OR KC05 OR KC06 OR KC07 OR KC08 OR KC09 OR KC10 OR KC11 OR LC01 OR PJ01 OR SK01 OR SP01 OR WK01 OR WW01.

FIELDS REQUESTED:

CARRIER CODE

ICN/TCN DATE OF SERVICE INSURANCE PAID AMOUNT CLIENT PIC CLIENT DATE OF BIRTH PROVIDER NUMBER MAA REIMBURSEMENT AMOUNT AMOUNT BILLED MAA ALLOWED AMOUNT

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 236 RUN DATE 06/02/04

CSR LOG

NUMBER - 4639 SUB BY- CATHIE OTT SUB FOR- CLYDE TAKEUCHI PAGE- 2 ENTERED-02/22/04 PRIORITY- EST-DAYS-000 REOD -BEGIN-02/22/04 COMPLETE-05/07/04 CLOSE-

NDC NAME OF DRUG CLASS OF DRUG ITA

REPORT #2

CRITERIA:

MAA REIMBURSEMENT AMOUNT =/>"\$15.00"

BILL STATUS CODE (FROM TPL BILLING FILE) = "9"

ITA = "7" OR IS "BLANK"

DATE OF SERVICE BETWEEN 10/01/00 AND 12/31/03.

CARRIER CODES = BC03 OR BC27 OR BS02 OR CJ01 OR CL01 OR GM01 OR HD06 OR KC01 OR KC03 OR KC04 OR KC05 OR KC06 OR KC07 OR KC08 OR KC09 OR KC10 OR KC11 OR LC01 OR PJ01 OR SK01 OR SP01 OR WK01 OR WW01.

FIELDS REQUESTED:

CARRIER CODE

ICN/TCN

DATE OF SERVICE INSURANCE PAID AMOUNT

CLIENT PIC CLIENT DATE OF BIRTH

PROVIDER NUMBER

MAA REIMBURSEMENT AMOUNT

AMOUNT BILLED

MAA ALLOWED AMOUNT

NDC

NAME OF DRUG

CLASS OF DRUG

ITA

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 237 RUN DATE 06/02/04

CSR LOG

NUMBER - 4639 SUB BY-	CATHIE OTT	SUB FOR- CLYDE TAKEUCHI	PAGE - 3
ENTERED-02/22/04	PRIORITY-	EST-DAYS-000	REQD -
BEGIN-02/22/04 COMPLET	E-05/07/04 CLC	OSE-	

ADDENDUM AS OF APRIL 23, 2004 (ALLON PETERMAN)

PLEASE CHANGE DATE OF SERVICE FOR BOTH REPORTS TO: DATE OF SERVICE BETWEEN 4/1/03 AND 3/31/04.

WE WOULD LIKE TO HAVE THIS COMPLETED BY MAY 6, 2004.

THIS HAS BEEN DISCUSSED WITH DARIN MORIN.

SYSTEM SPECIFICATIONS:

IN ORDER TO IMPLEMENT THIS CSR, THE FOLLOWING WILL NEED TO BE DONE:

- 1. CREATE A SPECIAL UTILITY WHICH WILL PULL CLAIMS FROM HISTORY FILES WITH DATES OF SERVICE BETWEEN 10/01/00 AND 12/31/03 THAT HAVE A REIMBURSEMENT AMOUNT GREATER THAN 14.99 AND A CARRIER CODE FROM THE LIST PROVIDED.
- 2. CREATE AN EXTRACT FROM THE CLAIMS PULLED AND SORT BY CARRIER CODE, PIC, AND FIRST DATE OF SERVICE.
- 3. PERFORM A TWO FILE MATCH AGAINST THE TPL BILLING FILE AND CREATE AN EXTRACT OF ALL MATCHES THAT HAVE A BILL STATUS CODE OF 'V' OR '9'.
- 4. CREATE A SPECIAL UTILITY TO CREATE THE REPORT.

02/22/04. ADDED - 269.

03/04/04. UPDATED - 516.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 238 RUN DATE 06/02/04

CSR LOG

NUMBER - 4642 SUB BY- SUE HILTON SUB FOR- MMIS SERVICES PAGE- 1

ENTERED-02/22/04 PRIORITY- EST-DAYS-000 REQD
BEGIN-02/22/04 COMPLETE-03/19/04 CLOSE-

DESCRIPTION: CHANGES TO EXCEPTION 126

STATUS:

REQUEST CONTROL NUMBER: 4764

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

PLEASE ADD "M" OUTPATIENT HOSPITAL CLAIMS TO ITEM #2 OF THE EXCEPTION 126 HARD CODING (ATTACHED) TO POST AT THE LINE LEVEL WHEN THE FIRST DATE OF SERVICE (FDOS) IS AFTER THE LAST DATE OF SERVICE (LDOS). DO NOT CHANGE THE CRITERIA TO ITEM #1. EXCEPTION 126 SHOULD CONTINUE TO POST AT THE HEADER LEVEL WHEN THE "FROM DATE" (FR-DT:) IS AFTER THE "TO-DATE" (T-DT:).

THIS HAS BEEN DISCUSSED WITH DON BOOGERD AND DARIN MORIN.

SYSTEM SPECIFICATIONS:

TO COMPLETE THIS CSR THE FOLLOWING NEEDS TO BE DONE:

- 1. S3203; ADDED LOGIC TO CHECK IF THE CLAIM TYPE IS M(OUTPATIENT), AND THEN TO CHECK THE FIRST DATE OF SERVICE OF THE LINE ITEM. IF THE FDOS OF THE LINE ITEM IS GREATER THAN THE LDOS OF THE LINE ITEM THEN POST EXCEPTION 126 ON THE LINE ITEM.
- BWPC3550; ADDED LOGIC IN SECTION S381 TO CHECK THE DATES OF SERVICE AND THE NEW 88 LEVEL ABOVE.
- 3. RECOMPILE BWSC2040 AND BWOC0037.

02/22/04. ADDED - 269.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 239 RUN DATE 06/02/04

CSR LOG

NUMBER - 4642 SUB BY- SUE HILTON SUB FOR- MMIS	SERVICES PAGE - 2
ENTERED-02/22/04 PRIORITY- EST-DAYS-000	REQD-
BEGIN-02/22/04 COMPLETE-03/19/04 CLOSE-	j
02/26/04. UPDATED - 551.	
	'

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 240 RUN DATE 06/02/04

CSR LOG

NUMBER - 4643 SUB BY-	ALLON PETERMAN	SUB FOR- PROVIDER ENROLL	PAGE - 1
ENTERED-02/22/04	PRIORITY-	EST-DAYS-000	REQD -
BEGIN-02/22/04 COMPLETE	E- CLO	SE-	

DESCRIPTION: MODIFY MCARE-MCAID PROV SCREEN

STATUS: AWAITING ANALYSIS

REQUEST CONTROL NUMBER: 4765

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

CURRENTLY WHEN PROVIDER ENROLLMENT USES THE PROVIDER MASTER SCREEN (08) AND THEN CHOOSES TO LOOK UP A MEDICARE NUMBER THE SYSTEM BRINGS UP THE OLDEST CROSSOVER NUMBER FIRST. CURRENTLY WHEN THERE IS MORE THAN ONE CROSSOVER NUMBER THE EXAMINER NEEDS TO PAGE THROUGH THE OLDEST CROSSOVER NUMBERS TO THE MOST RECENT.

PLEASE CHANGE THE ORDER IN THAT THESE COME UP STARTING WITH THE MOST RECENT TO THE OLDEST.

THIS HAS BEEN DISCUSSED WITH ACS.

SYSTEM SPECIFICATIONS:

02/22/04. ADDED - 269.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 241 RUN DATE 06/02/04

CSR LOG

NUMBER - 4644 SUB BY- PATTHY ORTH SUB FOR- SIRI CHILDS PAGE- 1

ENTERED-02/26/04 PRIORITY- EST-DAYS-000 REQD
BEGIN-02/26/04 COMPLETE-05/05/04 CLOSE-

DESCRIPTION: IMPLEMENT TIP PROCESS

STATUS:

REQUEST CONTROL NUMBER: 4766

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

TO IMPLEMENT THE THERAPEUTIC INTERCHANGE PROJECT, PLEASE ACCEPT THE ENDORSING PROVIDER UPDATE FILE FROM BCM AND APPLY THE FOLLOWING FIELDS TO THE PROVIDER ENDORSEMENT FILE IN MMIS:

MEDICAID NUMBER
STATE LICENSE NUMBER
DEA NUMBER
ENDORSEMENT FLAG
EFFECTIVE DATE BEGIN
EFFECTIVE DATE END

CREATE A PROCESS TO TRANSMIT THE ENDORSING INFORMATION TO THE POINT OF SALE SYSTEM.

THIS HAS BEEN DISCUSSED WITH RANDY STAMP AND BROOKE CAMPBELL.

SYSTEM SPECIFICATIONS:

ON THE MMIS SIDE, PROGRAMS BWCP2500, BWCP2600, BWCP2601, AND BWCP2900 WILL PROCESS THE TIP FILES AS RECEIVED FROM BENFIT CONTROL METHODS (BCM). BWCP2500 WILL PROCESS THE INITIAL STARTUP FILE, BWCP2900 WILL PROCESS THE DAILY UPDATE FILES AND UPDATE THE VSAM PROVIDER ENDORSEMENT FILE (WP27001A). BWCP2600 WILL BUILD A COPY MEMBER BY MMIS PROVIDER NUMBER FOR THE ENDORSING PROVIDERS, WHILE BWCP2601 WILL BUILD A COPY MEMBER BY DEA NUMBER FOR THE ENDORSING PROVIDERS. THESE COPY MEMBERS WILL BE PASSED TO THE POS SYSTEM FOR ENDORSEMENT LOOKUP.

ALSO ON MMIS, A TIP ENDORSEMENT INQUIRY OPTION WILL BE ADDED TO THE 8 SCREEN (PROVIDER) TO LOOK UP PROVIDERS BY MMIS PROVIDER NUMBER, DEA NUMBER, OR STATE LICENSE NUMBER. THIS WILL BE

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 242 RUN DATE 06/02/04

CSR LOG

		SUB FOR- SIRI CHILDS	PAGE - 2
ENTERED-02/26/04	PRIORITY-	EST-DAYS-000	REQD -
BEGIN-02/26/04 COMPL	ETE-05/05/04 CL	OSE-	
INOUIRY ONLY	AND WILL LOOK AT	THE PROVIDER ENDORSEMENT FI	LE.
-			
02/26/04. ADD	ED - 269.		

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 243 RUN DATE 06/02/04

CSR LOG

NUMBER - 4645 SUB BY	- GERALD HUBBERT	SUB FOR- CASH CONTROL	PAGE - 1
ENTERED-03/02/04	PRIORITY-	EST-DAYS-000	REQD –
BEGIN-03/02/04 COMPLE	TE-03/12/04 CLO	SE-	

DESCRIPTION: MODIFY CASH CONTROL TRAN AMOUNT

STATUS:

REQUEST CONTROL NUMBER: 4768

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

MMIS CONTAINS HARD CODING THAT ALLOWED MARILYN GARRISON, USER ID 083, TO CHANGE THE TRANSACTION AMOUNT IN THE CASH RECEIPT SECTION OF THE 18 SCREEN.

PLEASE CHANGE CODING TO ALLOW THE CHANGE CAPABILITY FOR USER ID $484\,$ AND $156\,$. ALSO, PLEASE REMOVE THE CHANGE CAPABILITY FOR USER ID $083\,$.

THIS HAS BEEN DISCUSSED WITH DON BOOGERD.

SYSTEM SPECIFICATIONS:

O BWOK3010; ADD USER ID 484 AND 156 TO SECTION S300-010 TO ALLOW THEM TO UPDATE TRANSACTION AMOUNT.

03/02/04. ADDED - 269.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 244 RUN DATE 06/02/04

CSR LOG

NUMBER - 4646 SUB BY- DINEEN KILMER SUB FOR- MMIS SERVICES PAGE- 1

ENTERED-03/02/04 PRIORITY- EST-DAYS-000 REQD
BEGIN-03/02/04 COMPLETE-04/23/04 CLOSE-

DESCRIPTION: MODIFY RA OUTPATIENT DATES

STATUS:

REQUEST CONTROL NUMBER: 4767

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

PLEASE POPULATE THE LINE LEVEL DATES OF SERVICE ON THE REMITTANCE AND STATUS REPORT FOR OUTPATIENT CLAIMS.

THIS HAS BEEN DISCUSSED WITH DON BOOGERD & DARIN MORIN.

SYSTEM SPECIFICATIONS:

TO COMPLETE THIS CSR THE FOLLOWING NEEDS TO BE DONE.

- 1. BWSC8020; ALTER C80R002-DETAIL-AFTER-FIRST FOR THE OUTPATIENT RA'S TO POPULATE THE LINE LEVEL DATES OF SERVICE.
- 2. RECOMPILE BWMC8000 AND BWSC8020.

03/02/04. ADDED - 269.

04/12/04. UPDATED - 551.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 245 RUN DATE 06/02/04

CSR LOG

NUMBER - 4647 SUB BY- TRINA HOGAN SUB FOR- MMIS SERVICES PAGE - 1

ENTERED-03/02/04 PRIORITY- EST-DAYS-000 REQD
BEGIN-03/02/04 COMPLETE-03/26/04 CLOSE-

DESCRIPTION: MODIFY LIMIT PARAMETER 0026

STATUS:

REQUEST CONTROL NUMBER: 4658

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

PLEASE CREATE A NEW HARD CODED AUDIT TO REPLACE "CRITERIA FILE - LIMIT PARAMETER 0026 (SPEECH THERAPY LIMIT, 12 PER CALENDAR YEAR).

SAME PERSONAL IDENTIFICATION CODE (PIC)

AND

SAME PROVIDER NUMBER

AND

SUBJECT CRITERIA INCLUDES ALL CODES ON PROCEDURE CODE LIST: 1114

(SEE ATTACHED)

AND

REVENUE CODE - 0440 (ONLY).

TIME PERIOD - 1 CALENDAR YEAR

TYPE OF LIMIT - UNIT

LIMIT QUANTITY - 12

THIS WILL REDUCE THE INAPPROPRIATE POSTING OF THE 0026 EXCEPTION (SPEECH THERAPY LIMIT, 12 PER CALENDAR YEAR) ON REVENUE CODES 0420 AND 0430 FOR PROCEDURE CODES THAT CAN BE BILLED UNDER SPEECH, PHYSICAL AND OCCUPATIONAL THERAPY.

ADDENDUM AS OF NOVEMBER 26, 2003

PLEASE CHANGE THE ORIGINAL REQUESTED CRITERIA FOR "REVENUE CODE" TO THE BOLDED CRITERIA LISTED BELOW:

SAME PERSONAL IDENTIFICATION CODE (PIC)

AND

SAME PROVIDER NUMBER

AND

SUBJECT CRITERIA INCLUDES ALL CODES ON PROCEDURE CODE LIST: 1114 (SEE ATTACHED)

AND

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 246 RUN DATE 06/02/04

CSR LOG

NUMBER - 4647 SUB BY- TRINA HOGAN SUB FOR- MMIS SERVICES PAGE - 2

ENTERED-03/02/04 PRIORITY- EST-DAYS-000 REQD
BEGIN-03/02/04 COMPLETE-03/26/04 CLOSE-

REVENUE CODE - 0440 THRU 0444 TIME PERIOD - 1 CALENDAR YEAR TYPE OF LIMIT - UNIT LIMIT QUANTITY - 12

ALL PREVIOUS CRITERIA REMAINS THE SAME.

ADDENDUM AS OF FEBRUARY 26, 2004

PLEASE ADD THIS BYPASS DATA TO "CRITERIA FILE - LIMIT PARAMETER 0026 (SPEECH THERAPY LIMIT, 12 PER CALENDAR YEAR)"

BYPASS ALL REVENUE CODES OTHER THAN 0440 THROUGH 0444.

ADDENDUM AS OF MARCH 11, 2004/SANDY RICCOLO

PLEASE UPDATE THE REVENUE CODE SPAN ON THE ADDENDUM DATED FEBRUARY $26,\ 2004$ TO READ:

PLEASE ADD THIS BYPASS DATA TO "CRITERIA FILE - LIMIT PARAMETER 0026 (SPEECH THERAPY LIMIT, 12 PER CALENDAR YEAR)"

BYPASS ALL REVENUE CODES OTHER THAN 0440 THROUGH 0449.

THIS HAS BEEN DISCUSSED WITH DARIN MORIN.

ADDENDUM AS OF MARCH 17, 2004/SANDY RICCOLO

PLEASE UPDATE THE REVENUE CODE SPAN ON THE ADDENDUM DATED MARCH 11, $2004\ \text{TO}\ \text{READ}$:

PLEASE ADD THIS BYPASS DATA TO "CRITERIA FILE - LIMIT PARAMETER 0026 (SPEECH THERAPY LIMIT, 12 PER CALENDAR YEAR)"

BYPASS ALL REVENUE CODES OTHER THAN 0440 THROUGH 0449 (SPEECH) AND/OR 0470 THROUGH 0479 (AUDIOLOGY).

NOTE: THIS AUDIT IS FOR THE 12-VISIT SPEECH/AUDIOLOGY PROGRAM VISIT LIMITATION; THEREFORE, BOTH REVENUE CODE SPANS ARE NECESSARY.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 247 RUN DATE 06/02/04

CSR LOG

NUMBER - 4647 SUB BY-	TRINA HOGAN	SUB FOR- MMIS SERVICES	PAGE - 3
ENTERED-03/02/04	PRIORITY-	EST-DAYS-000	REQD -
BEGIN-03/02/04 COMPLETE	E-03/26/04 CLC	SE-	

THIS HAS BEEN DISCUSSED WITH DARIN MORIN.

SYSTEM SPECIFICATIONS:

TO COMPLETE THIS CSR THE FOLLOWING NEEDS TO BE DONE.

- 1. BWMC4000; ADDED NEW 01 LEVEL WH-000-REV-CODE-HOLD, WITH NEW 05 LEVEL WH-000-REV-CODE, WITH NEW 88 LEVEL WH-000-REV-CODE-0026 CONTAINING THE VALUES 0440 THRU 0444. ADDED LOGIC IN S415-TABLE-INSTITUTIONAL- PARAMETER-DATA TO CHECK FOR VALES IN 88 LEVEL. IF VALUES ARE FOUND THEN POST PARAMETER 0026, IF NOT FOUND THEN BYPASS PARAMETER 0026.
- 2. RECOMPILE BWMC4000.

ADDENUDUM AS OF MARCH 11, 2004/ SANDY RICCOLO.

BYPASS ALL REVENUE CODES OTHER THAN 0440 THROUGH 0449.

TO COMPLETE THIS CSR THE FOLLOWING NEEDS TO BE DONE.

- 1. BWMC4000; CHANGED 88 LEVEL WH-000-REV-CODE-0026 TO CONTAIN THE VALUES 0440 THROUGH 0449.
- 2. RECOMPILE BWMC4000.

03/02/04. ADDED - 269.

03/16/04. UPDATED - 551.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 248
RUN DATE 06/02/04

CSR LOG

NUMBER - 4648 SUB BY- TRINA HOGAN SUB FOR- MMIS SERVICES PAGE- 1 ENTERED-03/02/04 PRIORITY- EST-DAYS-000 REOD -BEGIN-03/02/04 COMPLETE-03/26/04 CLOSE-DESCRIPTION: MODIFY LIMIT PARAMETER 0065 STATUS: REOUEST CONTROL NUMBER: 4659 DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO PLEASE CREATE A NEW HARD CODED AUDIT TO REPLACE "CRITERIA FILE-LIMIT PARAMETER 0065 (SPEECH THERAPY LIMIT, 36 PER CALENDAR YEAR). SAME PATIENT INFORMATION CODE (PIC) AND SAME PROVIDER NUMBER AND SUBJECT CRITERIA INCLUDES ALL CODES ON PROCEDURE CODE LIST (SEE ATTACHED) AND REVENUE CODE-0440 (ONLY) AND DIAGNOSIS CODE LIST: 1017 (SEE ATTACHED) TIME PERIOD-1 CALENDAR YEAR TYPE OF LIMIT-UNIT LIMIT QUANTITY-36 THIS WILL REDUCE THE INAPPROPRIATE POSTING OF THE 0026 EXCEPTION (SPEECH THERAPY LIMIT, 12 PER CALENDAR YEAR) ON REVENUE CODES 0420 AND 0430 FOR PROCEDURE CODES THAT CAN BE BILLED UNDER SPEECH, PHYSICAL AND OCCUPA-TIONAL THERAPY. ADDENDUM AS OF NOVEMBER 26, 2003 PLEASE CHANGE THE ORIGINAL REQUESTED CRITERIA FOR "REVENUE CODE"

PLEASE CHANGE THE ORIGINAL REQUESTED CRITERIA FOR "REVENUE CODE"
TO THE BOLDED CRITERIA LISTED BELOW:

SAME PATIENT IDENTIFICATION CODE (PIC)

AND

SAME PROVIDER NUMBER

AND

SUBJECT CRITERIA INCLUDES ALL CODES ON PROCEDURE CODE LIST: 1114

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 249 RUN DATE 06/02/04

CSR LOG

NUMBER - 4648 SUB BY- TRINA HOGAN SUB FOR- MMIS SERVICES PAGE - 2

ENTERED-03/02/04 PRIORITY- EST-DAYS-000 REQD
BEGIN-03/02/04 COMPLETE-03/26/04 CLOSE-

(SEE ATTACHED)
AND
REVENUE CODE-0440 THRU 0444
AND
DIAGNOSIS CODE LIST: 1017 (SEE ATTACHED)
TIME PERIOD-1 CALENDAR YEAR
TYPE OF LIMIT-UNIT

ALL PREVIOUS CRITERIA APPLIES.

LIMIT QUANTITY-36

ADDENDUM AS OF FEBRUARY 26, 2004

PLEASE ADD THIS BYPASS DATA TO "CRITERIA FILE-LIMIT PARAMETER 0065 (SPEECH THERAPY LIMIT, 36 PER CALENDAR YEAR)"

BYPASS ALL REVENUE CODES OTHER THAN 0440 THROUGH 0444.

ADDENDUM AS OF MARCH 11, 2004/SANDY RICCOLO

PLEASE UPDATE THE REVENUE CODE SPAN ON THE ADDENDUM DATED FEBRUARY 26, 2004 TO READ:

PLEASE ADD THIS BYPASS DATA TO "CRITERIA FILE - LIMIT PARAMETER 0065 (SPEECH THERAPY LIMIT, 36 PER CALENDAR YEAR)"

BYPASS ALL REVENUE CODES OTHER THAN 0440 THROUGH 0449.

THIS HAS BEEN DISCUSSED WITH DARIN MORIN.

ADDENDUM AS OF MARCH 17, 2004/SANDY RICCOLO

PLEASE UPDATE THE REVENUE CODE SPAN ON THE ADDENDUM DATED MARCH 11, $2004\ \text{TO}$ READ:

PLEASE ADD THIS BYPASS DATA TO "CRITERIA FILE - LIMIT PARAMETER 0065 (SPEECH THERAPY LIMIT, 36 PER CALENDAR YEAR)"

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 250 RUN DATE 06/02/04

CSR LOG

NUMBER - 4648 SUB BY- 1	TRINA HOGAN	SUB FOR- MMIS SERV	ICES PAGE -	3
ENTERED-03/02/04	PRIORITY-	EST-DAYS-000	REQD	-
BEGIN-03/02/04 COMPLETE-03/26/04 CLOSE-				

BYPASS ALL REVENUE CODES OTHER THAN 0440 THROUGH 0449 (SPEECH) AND/OR 0470 THROUGH 0479 (AUDIOLOGY).

NOTE: THIS AUDIT IS FOR THE 36-VISIT (WITH SPECIAL DIAGNOSIS) SPEECH/AUDIOLOGY PROGRAM VISIT LIMITATION; THEREFORE, BOTH REVENUE CODE SPANS ARE NECESSARY.

THIS HAS BEEN DISCUSSED WITH DARIN MORIN.

SYSTEM SPECIFICATIONS:

TO COMPLETE THIS CSR THE FOLLOWING NEEDS TO BE DONE.

- 1. BWMC4000: ADDED NEW 88 LEVEL WH-000-REV-CODE-0065 CONTAINING THE VALUES 0440 THRU 0444. ADDED LOGIC IN S415-TABLE-INSTITUTIONAL- PARAMETER-DATA TO CHECK FOR VALES IN 88 LEVEL. IF VALUES ARE FOUND THEN POST PARAMETER 0065, IF NOT FOUND THEN BYPASS PARAMETER 0065.
- 2. RECOMPILE BWMC4000.

ADDENUDUM AS OF MARCH 11, 2004/ SANDY RICCOLO.

BYPASS ALL REVENUE CODES OTHER THAN 0440 THROUGH 0449.

TO COMPLETE THIS CSR THE FOLLOWING NEEDS TO BE DONE.

- 1. BWMC4000; CHANGED 88 LEVEL WH-000-REV-CODE-0065 TO CONTAIN THE VALUES 0440 THROUGH 0449.
- 2. RECOMPILE BWMC4000.

03/02/04. ADDED - 269.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 251 RUN DATE 06/02/04

CSR LOG

		SUB FOR- MMIS SERVICES	
ENTERED-03/02/04	PRIORITY-		REQD-
BEGIN-03/02/04 COMPL:	ETE-03/26/04 CI		
03/16/04. UPD			

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 252 RUN DATE 06/02/04

CSR LOG

NUMBER - 4649 SUB BY- TRINA HOGAN SUB FOR- MMIS SERVICES PAGE- 1 ENTERED-03/02/04 PRIORITY- EST-DAYS-000 REOD -BEGIN-03/02/04 COMPLETE-03/26/04 CLOSE-DESCRIPTION: MODIFY LIMIT PARAMETER 0068 STATUS: REOUEST CONTROL NUMBER: 4660 DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO PLEASE CREATE A NEW HARD CODED AUDIT TO REPLACE "CRITERIA FILE - LIMIT PARAMETER" 0068 (OCCUPATIONAL THERAPY 36 PER CALENDAR YEAR FOR SPECIAL DIAGNOSIS). SAME PATIENT IDENTIFICATION CODE (PIC) AND SAME PROVIDER NUMBER AND SUBJECT CRITERIA INCLUDES ALL CODES ON PROCEDURE CODE LIST: 8315 (SEE ATTACHED) AND REVENUE CODE - 0430 (ONLY) AND DIAGNOSIS CODE LIST: 1016 (SEE ATTACHED). TIME PERIOD - 1 CALENDAR YEAR TYPE OF LIMIT - UNIT LIMIT QUANTITY - 48 THIS WILL REDUCE THE INAPPROPRIATE POSTING OF THE 0068 EXCEPTION (OCCU-PATIONAL THERAPY 12 PROGRAM VISITS PER CALENDAR YEAR) ON REVENUE CODES 0420 (PHYSICAL THERAPY) AND 0440 (SPEECH THERAPY) FOR PROCEDURE CODES THAT CAN BE BILLED UNDER SPEECH, PHYSICAL AND OCCUPATIONAL THERAPY. ADDENDUM AS OF NOVEMBER 26,2003: PLEASE CHANGE THE ORIGINAL REQUESTED CRITERIA FOR "REVENUE CODE" TO THE BOLDED CRITERIA LISTED BELOW: SAME PATIENT IDENTIFICATION CODE (PIC) AND SAME PROVIDER NUMBER AND SUBJECT CRITERIA INCLUDES ALL CODES ON PROCEDURE CODE LIST: 8315

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 253 RUN DATE 06/02/04

CSR LOG

NUMBER - 4649 SUB BY- TRINA HOGAN SUB FOR- MMIS SERVICES PAGE - 2

ENTERED-03/02/04 PRIORITY- EST-DAYS-000 REQD
BEGIN-03/02/04 COMPLETE-03/26/04 CLOSE-

(SEE ATTACHED)
AND
REVENUE CODE - 0430 THRU 0434
AND
DIAGNOSIS CODE LIST: 1016 (SEE ATTACHED).
TIME PERIOD - 1 CALENDAR YEAR
TYPE OF LIMIT - UNIT
LIMIT QUANTITY - 48

ALL PREVIOUS CRITERIA APPLIES.

ADDENDUM AS OF FEBRUARY 26,2004

PLEASE ADD THIS BYPASS DATA TO "CRITERIA FILE - LIMIT PARAMETERS 0068 (OCCUPATIONAL THERAPY LIMIT, 36 PER CALENDAR YEAR FOR SPECIAL DIAGNOSIS)"

BYPASS ALL REVENUE CODES OTHER THAN 0430 THROUGH 0434.

ADDENDUM AS OF MARCH 11, 2004/SANDY RICCOLO

PLEASE UPDATE THE REVENUE CODE SPAN ON THE ADDENDUM DATED FEBRUARY 26, 2004 TO READ:

PLEASE ADD THIS BYPASS DATA TO "CRITERIA FILE - LIMIT PARAMETER 0068 (OCCUPATIONAL THERAPY LIMIT, 36 PER CALENDAR YEAR FOR SPECIAL DIAGNOSIS)".

BYPASS ALL REVENUE CODES OTHER THAN 0430 THROUGH 0439.

THIS HAS BEEN DISCUSSED WITH DARIN MORIN.

SYSTEM SPECIFICATIONS:

TO COMPLETE THIS CSR THE FOLLOWING NEEDS TO BE DONE.

1. BWMC4000; ADDED NEW 88 LEVEL WH-000-REV-CODE-0068 CONTAINING

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 254 RUN DATE 06/02/04

CSR LOG

NUMBER - 4649 SUB BY	- TRINA HOGAN	SUB FOR- MMIS SERVICES	PAGE - 3
ENTERED-03/02/04	PRIORITY-	EST-DAYS-000	REQD -
BEGIN-03/02/04 COMPLE	TE-03/26/04 CLC)SE-	

THE VALUES 0430 THRU 0434. ADDED LOGIC IN S415-TABLE-INSTITUTIONAL PARAMETER-DATA TO CHECK FOR VALES IN 88 LEVEL. IF VALUES ARE FOUND THEN POST PARAMETER 0068, IF NOT FOUND THEN BYPASS PARAMETER 0068.

2. RECOMPILE BWMC4000.

ADDENUDUM AS OF MARCH 11, 2004/ SANDY RICCOLO.

TO COMPLETE THIS CSR THE FOLLOWING NEEDS TO BE DONE.

- 1. BWMC4000; CHANGED 88 LEVEL WH-000-REV-CODE-0068 TO CONTAIN THE VALUES 0430 THROUGH 0439.
- 2. RECOMPILE BWMC4000.

03/02/04. ADDED - 269.

03/16/04. UPDATED - 551.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 255 RUN DATE 06/02/04

CSR LOG

NUMBER - 4650 SUB BY- TRINA HOGAN SUB FOR- MMIS SERVICES PAGE - 1

ENTERED-03/02/04 PRIORITY- EST-DAYS-000 REQD
BEGIN-03/02/04 COMPLETE-03/26/04 CLOSE-

DESCRIPTION: MODIFY LIMIT PARAMETER 0740

STATUS:

REQUEST CONTROL NUMBER: 4661

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

PLEASE CREATE A NEW HARD CODED AUDIT TO REPLACE "CRITERIA FILE - LIMIT PARAMETER" 0740 (OCCUPATIONAL THERAPY 12 PROGRAM VISITS PER CALENDAR YEAR).

SAME PATIENT IDENTIFICATION CODE (PIC)

AND

SAME PROVIDER NUMBER

AND

SUBJECT CRITERIA INCLUDES ALL CODES ON PROCEDURE CODE LIST: 8315

(SEE ATTACHED)
AND

REVENUE CODE - 0430 (ONLY).

TIME PERIOD - 1 CALENDAR YEAR

TYPE OF LIMIT - UNIT

LIMIT QUANTITY - 12

THIS WILL REDUCE THE INAPPROPRIATE POSTING OF THE 0740 EXCEPTION (OCCUPATIONAL THERAPY 12 PROGRAM VISITS PER CALENDAR YEAR) ON REVENUE CODES 0420 (PHYSICAL THERAPY) AND 0440 (SPEECH THERAPY) FOR PROCEDURE CODES THAT CAN BE BILLED UNDER SPEECH, PHYSICAL AND OCCUPATIONAL THERAPY.

ADDENDUM AS OF NOVEMBER 26, 2003

PLEASE CHANGE THE ORIGINAL REQUESTED CRITERIA FOR "REVENUE CODE" TO THE BOLDED CRITERIA LISTED BELOW:

SAME PATIENT IDENTIFICATION CODE (PIC)

AND

SAME PROVIDER NUMBER

AND

SUBJECT CRITERIA INCLUDES ALL CODES ON PROCEDURE CODE LIST: 8315

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 256 RUN DATE 06/02/04

CSR LOG

NUMBER - 4650 SUB BY- TRINA HOGAN SUB FOR- MMIS SERVICES PAGE- 2

ENTERED-03/02/04 PRIORITY- EST-DAYS-000 REQD
BEGIN-03/02/04 COMPLETE-03/26/04 CLOSE-

(SEE ATTACHED)
AND

REVENUE CODE - 0430 THRU 0434 AND DIAGNOSIS CODE LIST: 1016 (SEE ATTACHED). TIME PERIOD - 1 CALENDAR YEAR TYPE OF LIMIT - UNIT LIMIT QUANTITY - 48

ALL PREVIOUS CRITERIA APPLIES.

ADDENDUM AS OF FEBRUARY 26, 2004

PLEASE ADD THIS BYPASS DATA TO "CRITERIA FILE - LIMIT PARAMETER 0740 (OCCUPATIONAL THERAPY LIMIT, 12 PER CALENDAR YEAR)"

BYPASS ALL REVENUE CODES OTHER THAN 0430 THROUGH 0434.

ADDENDUM AS OF MARCH 11, 2004/SANDY RICCOLO

PLEASE UPDATE THE REVENUE CODE SPAN ON THE ADDENDUM DATED FEBRUARY 26, 2004 TO READ:

PLEASE ADD THIS BYPASS DATA TO "CRITERIA FILE - LIMIT PARAMETER 0740 (OCCUPATIONAL THERAPY LIMIT, 12 PER CALENDAR YEAR)"

BYPASS ALL REVENUE CODES OTHER THAN 0430 THROUGH 0439.

THIS HAS BEEN DISCUSSED WITH DARIN MORIN.

SYSTEM SPECIFICATIONS:

TO COMPLETE THIS CSR THE FOLLOWING NEEDS TO BE DONE.

1. BWMC4000; ADDED NEW 88 LEVEL WH-000-REV-CODE-0740 CONTAINING THE VALUES 0430 THRU 0434. ADDED LOGIC IN S415-TABLE-INSTITUTIONAL- PARAMETER-DATA TO CHECK FOR VALES IN

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 257 RUN DATE 06/02/04

CSR LOG

NUMBER - 4650 SUB BY-	TRINA HOGAN	SUB FOR- MMIS SERVICES	PAGE - 3
ENTERED-03/02/04	PRIORITY-	EST-DAYS-000	REQD -
BEGIN-03/02/04 COMPLET	E-03/26/04 CLC	 OSE-	

88 LEVEL. IF VALUES ARE FOUND THEN POST PARAMETER 0740, IF NOT FOUND THEN BYPASS PARAMETER 0740.

2. RECOMPILE BWMC4000.

ADDENUDUM AS OF MARCH 11, 2004/ SANDY RICCOLO.

BYPASS ALL REVENUE CODES OTHER THAN 0430 THROUGH 0439.

TO COMPLETE THIS CSR THE FOLLOWING NEEDS TO BE DONE.

1. BWMC4000; CHANGED 88 LEVEL WH-000-REV-CODE-0740 TO CONTAIN THE VALUES 0430 THROUGH 0439.

03/02/04. ADDED - 269.

03/16/04. UPDATED - 551.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 258 RUN DATE 06/02/04

CSR LOG

NUMBER - 4651 SUB BY- TRINA HOGAN SUB FOR- MMIS SERVICES PAGE- 1 ENTERED-03/02/04 PRIORITY- EST-DAYS-000 REOD -BEGIN-03/02/04 COMPLETE-03/26/04 CLOSE-DESCRIPTION: MODIFY LIMIT PARAMETER 0785 STATUS: REOUEST CONTROL NUMBER: 4662 DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO PLEASE CREATE A NEW HARD CODED AUDIT TO REPLACE "CRITERIA FILE - LIMIT PARAMETER" 0785 (PHYSICAL THERAPY MAX 48 UNITS). SAME PATIENT IDENTIFICATION CODE (PIC) AND ALL PROVIDERS AND SUBJECT CRITERIA INCLUDES ALL CODES ON PROCEDURE CODE LIST: 1130 (SEE ATTACHED) AND REVENUE CODE - 0420 (ONLY). TIME PERIOD - 1 CALENDAR YEAR TYPE OF LIMIT - UNIT LIMIT QUANTITY - 48 THIS WILL REDUCE THE INAPPROPRIATE POSTING OF THE 0785 EXCEPTION (PHYSICAL THERAPY LIMIT, $48\ \text{PER}\ \text{CALENDAR}\ \text{YEAR}$) ON REVENUE CODES 0430AND 0440 FOR PROCEDURE CODES THAT CAN BE BILLED UNDER SPEECH, PHYSICAL AND OCCUPATIONAL THERAPY. ADDENDUM AS OF NOVEMBER 26, 2003 PLEASE CHANGE THE ORIGINAL REQUESTED CRITERIA FOR "REVENUE CODE" TO THE BOLDED CRITERIA LISTED BELOW: SAME PATIENT IDENTIFICATION CODE (PIC) AND ALL PROVIDERS AND SUBJECT CRITERIA INCLUDES ALL CODES ON PROCEDURE CODE LIST: 1130 (SEE ATTACHED) AND REVENUE CODE - 0420 THRU 0424

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 259 RUN DATE 06/02/04

CSR LOG

NUMBER - 4651 SUB BY-		SUB FOR- MMIS SERVICES	PAGE - 2
ENTERED-03/02/04	PRIORITY-	EST-DAYS-000	REQD-
BEGIN-03/02/04 COMPLET	E-03/26/04 CLO	SE-	

TIME PERIOD - 1 CALENDAR YEAR TYPE OF LIMIT - UNIT LIMIT QUANTITY - 48

ALL PREVIOUS CRITERIA APPLIES.

ADDENDUM AS OF FEBRUARY 26, 2004

PLEASE ADD THIS BYPASS DATA TO (CRITERIA FILE - LIMIT PARAMETER 0785 (PHYSICAL THERAPY MAX 48 UNITS)"

BYPASS ALL REVENUE CODES OTHER THAN 0420 THROUGH 0424.

ADDENDUM AS OF MARCH 11, 2004/SANDY RICCOLO

PLEASE UPDATE THE REVENUE CODE SPAN ON THE ADDENDUM DATED FEBRUARY 26, 2004 TO READ:

PLEASE ADD THIS BYPASS DATA TO (CRITERIA FILE - LIMIT PARAMETER 0785 (PHYSICAL THERAPY MAX 48 UNITS)".

BYPASS ALL REVENUE CODES OTHER THAN 0420 THROUGH 0429.

THIS HAS BEEN DISCUSSED WITH DARIN MORIN.

SYSTEM SPECIFICATIONS:

TO COMPLETE THIS CSR THE FOLLOWING NEEDS TO BE DONE.

- 1. BWMC4000; ADDED NEW 88 LEVEL WH-000-REV-CODE-0785 CONTAINING THE VALUES 0420 THRU 0424. ADDED LOGIC IN S415-TABLE-INSTITUTIONAL- PARAMETER-DATA TO CHECK FOR VALES IN 88 LEVEL. IF VALUES ARE FOUND THEN POST PARAMETER 0785, IF NOT FOUND THEN BYPASS PARAMETER 0785.
- RECOMPILE BWMC4000.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 260 RUN DATE 06/02/04

CSR LOG

NUMBER - 4651 SUB BY- TRINA HOGAN SUB FOR- MMIS SERVICES	PAGE - 3
ENTERED-03/02/04 PRIORITY- EST-DAYS-000	REQD-
BEGIN-03/02/04 COMPLETE-03/26/04 CLOSE-	
ADDENUDUM AS OF MARCH 11, 2004/ SANDY RICCOLO.	
BYPASS ALL REVENUE CODES OTHER THAN 0420 THROUGH 0429.	

- TO COMPLETE THIS CSR THE FOLLOWING NEEDS TO BE DONE.
- 1. BWMC4000; CHANGED 88 LEVEL WH-000-REV-CODE-0026 TO CONTAIN THE VALUES 0420 THROUGH 0429.
- 2. RECOMPILE BWMC4000.

03/02/04. ADDED - 269.

03/16/04. UPDATED - 551.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 261 RUN DATE 06/02/04

```
NUMBER - 4652 SUB BY- TRINA HOGAN SUB FOR- MMIS SERVICES PAGE- 1
ENTERED-03/02/04 PRIORITY- EST-DAYS-000
                                                         REOD -
BEGIN-03/02/04 COMPLETE-03/26/04 CLOSE-
       DESCRIPTION: MODIFY LIMIT PARAMETER 0786
       STATUS:
       REOUEST CONTROL NUMBER: 4663
       DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO
        PLEASE CREATE A NEW HARD CODED AUDIT TO REPLACE "CRITERIA FILE - LIMIT
        PARAMETER" 0786 (96 ADDITIONAL PHYSICAL THERAPY UNITS WITH SPECIAL
        DIAGNOSIS).
           SAME PATIENT IDENTIFICATION CODE (PIC)
            AND
          ALL PROVIDERS
            AND
           SUBJECT CRITERIA INCLUDES ALL CODES ON PROCEDURE CODE LIST: 1130
           (SEE ATTACHED)
            AND
           REVENUE CODE - 0420 (ONLY)
            AND
          DIAGNOSIS CODE LIST: 1018 (SEE ATTACHED)
          TIME PERIOD - 1 CALENDAR YEAR
          TYPE OF LIMIT - UNIT
LIMIT QUANTITY - 144
        THIS WILL REDUCE THE INAPPROPRIATE POSTING OF THE 0786 EXCEPTION
        (PHYSICAL THERAPY LIMIT, 48 PER CALENDAR YEAR) ON REVENUE CODES 0430
        AND 0440 FOR PROCEDURE CODES THAT CAN BE BILLED UNDER SPEECH, PHYSICAL
        AND OCCUPATIONAL THERAPY.
        ADDENDUM AS OF NOVEMBER 26, 2003
          PLEASE CHANGE THE ORIGINAL REQUESTED CRITERIA FOR "REVENUE CODE" TO
        THE BOLDED CRITERIA LISTED BELOW:
        SAME PATIENT IDENTIFICATION CODE (PIC)
            AND
          ALL PROVIDERS
            AND
           SUBJECT CRITERIA INCLUDES ALL CODES ON PROCEDURE CODE LIST: 1130
           (SEE ATTACHED)
```

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 262 RUN DATE 06/02/04

CSR LOG

NUMBER - 4652 SUB BY- TRINA HOGAN SUB FOR- MMIS SERVICES PAGE- 2

ENTERED-03/02/04 PRIORITY- EST-DAYS-000 REQD
BEGIN-03/02/04 COMPLETE-03/26/04 CLOSE-

AND
REVENUE CODE - 0420 THRU 0424
AND
DIAGNOSIS CODE LIST: 1018 (SEE ATTACHED)
TIME PERIOD - 1 CALENDAR YEAR
TYPE OF LIMIT - UNIT
LIMIT QUANTITY - 144

ALL PREVIOUS CRITERIA APPLIES.

ADDENDUM AS OF FEBRUARY 26, 2004

PLEASE ADD THIS BYPASS DATA TO "CRITERIA FILE - LIMIT PARAMETER 0786 (PHYSICAL THERAPY 96 ADDITIONAL UNITS WITH SPECIAL DIAGNOSIS)"

BYPASS ALL REVENUE CODES OTHER THAN 0420 THROUGH 0424.

ADDENDUM AS OF MARCH 11, 2004/SANDY RICCOLO

PLEASE UPDATE THE REVENUE CODE SPAN ON THE ADDENDUM DATED FEBRUARY 26, 2004 TO READ:

PLEASE ADD THIS BYPASS DATA TO "CRITERIA FILE - LIMIT PARAMETER 0786 (PHYSICAL THERAPY 96 ADDITIONAL UNITS WITH SPECIAL DIAGNOSIS)".

BYPASS ALL REVENUE CODES OTHER THAN 0420 THROUGH 0429.

THIS HAS BEEN DISCUSSED WITH DARIN MORIN.

SYSTEM SPECIFICATIONS:

TO COMPLETE THIS CSR THE FOLLOWING NEEDS TO BE DONE.

1. BWMC4000; ADDED NEW 88 LEVEL WH-000-REV-CODE-0786 CONTAINING THE VALUES 0420 THRU 0424. ADDED LOGIC IN S415-TABLE-INSTITUTIONAL- PARAMETER-DATA TO CHECK FOR VALUES IN 88 LEVEL. IF VALUES ARE FOUND THEN POST PARAMETER 0786, IF

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 263 RUN DATE 06/02/04

CSR LOG

NUMBER - 4652 SUB BY-	 SUB FOR- MMIS SERVICES	PAGE - 3
ENTERED-03/02/04	EST-DAYS-000	REQD -
BEGIN-03/02/04 COMPLETI		

NOT FOUND THEN BYPASS PARAMETER 0786.

2. RECOMPILE BWMC4000.

ADDENUDUM AS OF MARCH 11, 2004/ SANDY RICCOLO.

BYPASS ALL REVENUE CODES OTHER THAN 0420 THROUGH 0429.

TO COMPLETE THIS CSR THE FOLLOWING NEEDS TO BE DONE.

- 1. BWMC4000; CHANGED 88 LEVEL WH-000-REV-CODE-0786 TO CONTAIN THE VALUES 0420 THROUGH 0429.
- 2. RECOMPILE BWMC4000.

03/02/04. ADDED - 269.

03/16/04. UPDATED - 551.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 264 RUN DATE 06/02/04

CSR LOG

NUMBER - 4653 SUB BY- PATTY ORTH SUB FOR- CONNIE RIDDLE PAGE- 1 ENTERED-03/05/04 PRIORITY- EST-DAYS-000 REOD -BEGIN-03/05/04 COMPLETE-03/26/04 CLOSE-DESCRIPTION: ADD PHS PROV TO DRUG REBATE STATUS: REOUEST CONTROL NUMBER: 4769 DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO PLEASE ADD THE FOLLOWING TO THE LIST OF PHS EXEMPT PROVIDERS THAT ARE EXCLUDED FROM DRUG REBATE INVOICING EFFECTIVE 10/01/03: 7871007 PLANNED PARENTHOOD OF WESTERN WASHINGTON 7900368 PLANNED PARENTHOOD OF CENTRAL WASHINGTON 7900376 PLANNED PARENTHOOD OF CENTRAL WASHINGTON PLANNED PARENTHOOD OF CENTRAL WASHINGTON 7900384 PLANNED PARENTHOOD OF CENTRAL WASHINGTON 7900392 7913700 MT BAKER PLANNED PARENTHOOD 7913908 PLANNED PARENTHOOD OF CENTRAL WASHINGTON 7922404 PLANNED PARENTHOOD OF SPOKANE/WHITMAN CO. THIS HAS BEEN DISCUSSED WITH DARIN MORIN. SYSTEM SPECIFICATIONS: IN ORDER TO IMPLEMENT THIS CSR, THE FOLLOWING WILL NEED TO BE DONE: O ADD THE PROVIDERS TO TABLE WT990950. O RECOMPILE PROGRAMS BWMQ2000 AND BWMQ3000. 03/05/04. ADDED - 269.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 265 RUN DATE 06/02/04

NUMBER - 4653 SUB BY- F	ATTY ORTH	SUB FOR- CONNIE RIDDLE	PAGE - 2
ENTERED-03/05/04	PRIORITY-	EST-DAYS-000	REQD -
BEGIN-03/05/04 COMPLETE-	03/26/04 CLO		
03/15/04. UPDATED			

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 266 RUN DATE 06/02/04

CSR LOG

NUMBER - 4655 SUB BY- CATHIE OTT SUB FOR- SHELLEY MCDERMO PAGE- 1

ENTERED-03/10/04 PRIORITY- EST-DAYS-000 REQD
BEGIN-03/10/04 COMPLETE-04/02/04 CLOSE-

DESCRIPTION: TURN OFF F12 FOR EXAM ENTRY

STATUS:

REQUEST CONTROL NUMBER: 4772

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

TO SPEED CLAIMS PROCESSING, PLEASE TURN OF THE F12 FUNCTION FOR EXAM ENTRY CLAIMS ENTERED IN THE 01 SCREEN AND REPLACE IT WITH THE FOLLOW-ING:

USE THE ENTER KEY TO POST ALL 1, 2 AND 3 STATUS EXCEPTIONS THAT POST SINGLY OR COLLECTIVELY. IF NO EXCEPTIONS FAIL, THE CLAIM WILL NOT APPEAR

THIS HAS BEEN DISCUSSED WITH DON BOOGERD.

SYSTEM SPECIFICATIONS:

THIS IS IN RESPONSE TO CSR 4665 WHICH REQUESTS THE PF12 FUNCTION BE TURNED OFF FOR EXAM ENTRY CLAIMS AND REPLACED WITH THE FOLLOWING LOGIC: USE THE ENTER KEY TO POST ALL 1,2 AND 3 STATUS EXCEPTIONS. IF NO EXCEPTIONS FAIL, THE CLAIM WILL NOT APPEAR.

TO COMPLETE THIS CSR THE FOLLOWING NEEDS TO BE DONE.

- 1. IN THE PROGRAMS LISTED BELOW, ADD CODE TO THE SECTION CHECKING THE CURRENT EXCEPTION CODE TO DETERMINE WHETHER TO RETURN THE SCREEN. CHECK FOR A VALUE OF 'D' IN THE FIELD WH-070-DATA-ENTRY-IND AND IF FOUND, APPLY THE DESIRED LOGIC (AND ALSO RETURN CLAIM IF A STATUS OF 'C' OR 'E' IS FOUND).
- 2. PROGRAMS TO BE CHANGED AND RE-COMPILED: BWOC0032, BWOC0033, BWOC0040, BWOC0041, BWOC0042, BWOC0043, BWOC0046, BWOC0048, BWOC0052, BWOC0132, BWOC0133, BWOC0140, BWOC0141, BWOC0143, BWOC0146, BWOC0232.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 267 RUN DATE 06/02/04

	SUB BY- CATHIE OTT			PAGE - 2
ENTERED-03/10/0	4 PRIORITY-	- EST-DAYS-0	00	REQD-
BEGIN-03/10/04	COMPLETE-04/02/04	CLOSE-		
03/10/04	. ADDED - 269.			
03/26/04	. UPDATED - 032.			

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 268 RUN DATE 06/02/04

CSR LOG

NUMBER - 4656 SUB BY- ALLON PETERMAN SUB FOR- BARBARA SMITH PAGE- 1

ENTERED-03/10/04 PRIORITY- EST-DAYS-000 REQD
BEGIN-03/10/04 COMPLETE-05/28/04 CLOSE-

DESCRIPTION: FORCE EXCEPTION 197

STATUS:

REQUEST CONTROL NUMBER: 4774

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

CLAIMS PROCESSING IS FORCING EXCEPTION CODE 197 WHEN EXCEPTION CODES 376, 477 AND 609 ARE POSTING IN LOCATION 79. THEY ARE ALSO FORCING EXCEPTION CODE 197 WHEN EXCEPTION CODES 166 AND 263 ARE POSTING AT THE SAME TIME IN LOCATION 79.

PLEASE HAVE EXCEPTION 197 AUTO FORCE WHEN THE ABOVE CONDITIONS ARE PRESENT.

THIS HAS BEEN DISCUSSED WITH DON BOOGERD.

ADDENDUM AS OF APRIL 27, 2004

ADD 0165 AND 0263

PLEASE HAVE 0197 EXCEPTION AUTO FORCE WHEN THE EXCEPTIONS LISTED ARE THE ONLY EXCEPTIONS POSTING.

SYSTEM SPECIFICATIONS:

 ${\tt BWMC5000};$ ADD LOGIC TO S715 TO FORCE EXCEPTION 197 IF ONE $\,$ OF $\,$ THE LISTED EXCEPTIONS IS ON THE CLAIM.

03/10/04. ADDED - 269.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 269 RUN DATE 06/02/04

CSR LOG

NUMBER - 4657 SUB BY- ALLON PETERMAN SUB FOR- FRANCINE SMILEY PAGE- 1

ENTERED-03/10/04 PRIORITY- EST-DAYS-000 REQD
BEGIN-03/10/04 COMPLETE- CLOSE-

DESCRIPTION: AUTO UPDATE OF DD CLIENTS

STATUS: AWAITING ANALYSIS

REQUEST CONTROL NUMBER: 4776

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

DEPARTMENT OF DISABILITIES (DD) IS CURRENTLY SENDING AN EMAIL TO FRAN SMILEY OF CLIENTS THAT NEED TO HAVE THE ELIGIBILITY FILES UPDATED (SEE ATTACHED). THIS PROCESS NEEDS TO BE AUTOMATED.

THEREFORE, WE ARE ASKING DD TO CONTINUE TO EMAIL FRAN THE SAME INFORMATION, HOWEVER, WE ARE ASKING FOR IT TO COME IN A "TEXT FILE" FORMAT. FRAN WILL EBIN THE INFORMATION SO ACS CAN DOWNLOAD IT.

ACS WILL USE THE INFORMATION TO FIND A MATCH BASED ON SSNS IN THE MMIS.

ACS WILL PROVIDE A REPORT OF THE MATCHED AND UNMATCHED CASES TO FRAN

SMILEY. SHE WILL REVIEW THE LIST FOR A FEW WEEKS BEFORE THE NEXT STEP.

AFTER FRAN SMILEY AGREES THE REPORTS ARE WORKING, THE FOLLOWING WILL NEED TO BE DONE.

IF A MATCH IS NOT FOUND, THOSE PICS WILL BE LISTED ON A NEW DD REJECT REPORT THAT WILL GET SENT TO FRAN SMILEY IN THE MMIS SERVICES SECTION

IF A PIC IS MATCHED ACS WILL LOAD THE INFORMATION ON THE MATCHED PIC RESTRICTED SCREEN, PAGE 5, (SEE ATTACHED EXAMPLE).

SYSTEM SPECIFICATIONS:

03/10/04. ADDED - 269.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 270 RUN DATE 06/02/04

CSR LOG

NUMBER - 4658 SUB BY- ALLON PETERMAN SUB FOR- MMIS SERVICES PAGE- 1

ENTERED-03/10/04 PRIORITY- EST-DAYS-000 REQD
BEGIN-03/10/04 COMPLETE- CLOSE-

DESCRIPTION: NEW MODIFIER VALIDATION SCREENS

STATUS: AWAITING ANALYSIS

REQUEST CONTROL NUMBER: 4777

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

ACCORDING TO THE ACS HIPAA SOLUTION PROJECT STATUS REPORT (JANUARY 31,2004) ON PAGE 22, ITEM 2.12, NEW PROCEDURE MODIFIERS EDITS, A PLAN NEEDS TO BE PUT IN PLACE THAT WILL ALLOW ALL THE CURRENT AND PAST MODIFIERS TO PROCESS ON ELECTRONIC CLAIMS THROUGH THE MMIS.

AFTER OUR MEETING WITH ACS REGARDING MODIFIERS ON FEBRUARY 12, 2004, A PLAN WAS DEVELOPED THAT COULD TAKE CARE OF THIS REQUIREMENT (SEE ATTACHED).

THE MMIS SERVICES SECTION DISCUSSED THE PLAN TO USE THE "HISTORY RELATED AUDIT SCREEN", (10 SCREEN), TO ADD ANOTHER LINE FOR "MODIFIER CRITERIA" WITH THREE FIELDS:

MOD:

TYPE-SVC:

EFF-DATE:

A NEW PAGE "CRITERIA FILE MODIFIER: WILL BE DESIGNED TO ADD THE MODIFIER DESCRIPTION OF THE MODIFIER, TOS, EFFECTIVE DATE AND END DATE, LIST OF CLAIM TYPES AFFECTED, AND PROC-LIST.

USE THE EXISTING LIST OF PROCEDURE TO LIST ALL THE PROCEDURE CODES THAT ARE AFFECTED BY THE "CRITERIA FILE-LIST OF PROCEDURE".

THESE CHANGES WILL NECESSITATE TWO NEW EXCEPTION CODES THAT WILL EVEN-TUALLY REPLACE THE CURRENT 0117 (INVALID PROCEDURE MODIFIER) AND 0169 (MODIFIER INVALID WITH PROCEDURE).

IN ORDER TO LOAD THE MODIFIER CORRECTLY THE MMIS SERVICES SECTION WILL NEED THE CURRENT HARD CODING FOR EXCEPTIONS 0117 AND 0169.

WHEN ACS HAS INSTALLED THE NEW PAGES AND EXCEPTIONS, THE MMIS SERVICES SECTION WILL NEED AN EXTENDED PERIOD OF TIME TO LOAD THE FILES AND

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 271 RUN DATE 06/02/04

NUME		PAGE - 2
ENTER	ED-03/10/04 PRIORITY- EST-DAYS-000	REQD-
BEGI	I-03/10/04 COMPLETE- CLOSE-	
	COMPLETE THE TESTING.	
	ALSO ACS NEEDS TO DESIGN A REPORT THAT WILL LIST ALL THE MODI THEIR DATA (TO INCLUDE: DESCRIPTION, TOS, BEGIN/END DATE, CLA AND PROC-LIST NUMBERS).	
	THIS HAS BEEN DISCUSSED WITH DON BOOGERD AND DARIN MORIN.	
	SYSTEM SPECIFICATIONS:	
	03/10/04. ADDED - 269.	

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 272 RUN DATE 06/02/04

CSR LOG

NUMBER - 4659 SUB BY- SANDY ASBACH SUB FOR- MMIS SERVICES PAGE- 1

ENTERED-03/10/04 PRIORITY- EST-DAYS-000 REQD
BEGIN-03/10/04 COMPLETE-04/02/04 CLOSE-

DESCRIPTION: CHANGES TO EXCEPTION 226

STATUS:

REOUEST CONTROL NUMBER: 4778

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

PLEASE ADD THE FOLLOWING INFORMATION TO EXCEPTION CODE 226 (PROCEDURE REQUIRES MODIFIER);

CLAIM TYPE IS J (PHYSICIANS), THE TYPE OF SERVICE IS (3), AND THE PROCEDURE CODES ARE 99201-99205 OR 99211-99215 AND THE DIAGNOSIS ON THE DETAIL LINE IS V22-V23.9 AND THE MODIFIER TH IS MISSING, POST THE EXCEPTION

THIS CSR IS BEING REQUESTED IN ORDER TO BE ABLE TO REMOVE THE ABOVE NEW HIPAA POLICY FROM EXCEPTION CODE 105 (DIAGNOSIS TO PROCEDURE). THE USE OF EXCEPTION CODE 105 IS LIMITED AND CAUSES OVER POSTING OF CLAIMS.

THIS HAS BEEN DISCUSSED WITH DARIN MORIN.

ADDENDUM AS OF MARCH 17, 2004 (SANDY ASBACH)

ADD CHILDREN'S PROGRAM TYPE OF SERVICE (C) TO THE ABOVE CSR CRITERIA.

SYSTEM SPECIFICATIONS:

- O ADDED LOGIC TO SECTION S340-108-PROC-MOD-RANGE-010193 OF BWPC2050 TO POST EXCEPTION 226 FOR THE CRITERIA LISTED ABOVE.
- O ADDED LOGIC TO SECTION S340-108-PROC-MOD-RANGE-010193 OF BWPC2050 TO MOVE THE FIRST AND SECOND OCCURRENCES OF THE DIAGNOSIS CODES TO A HOLD AREA.
- O ADDED A NEW 88 LEVEL (WK-156-PRC-CD-MOD-TH-226-2) TO BWWC2050 TO HOLD THE PROCEDURE CODE VALUES 99201 99205 AND 99211 99215.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 273 RUN DATE 06/02/04

NUMBER - 4659 SUB BY- SANDY ASBACH SUB FOR- MMIS SERVICES PAGE- 2
ENTERED-03/10/04 PRIORITY- EST-DAYS-000 REQD-
BEGIN-03/10/04 COMPLETE-04/02/04 CLOSE-
O ADDED TWO NEW 88 LEVELS (WK-250-EXCP-226-DIAG-CODE-1 AND WK-250-EXCP-226-DIAG- CODE-2) TO BWWC2050 TO HOLD THE DIAGNO-SIS CODE VALUES 'V22' - 'V23.9'.
O RECOMPILE PROGRAM BWSC2050 AND BWOC0034.
03/10/04. ADDED - 269.
03/17/04. UPDATED - 158.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 274 RUN DATE 06/02/04

CSR LOG

NUMBER - 4660 SUB BY- GERALD HUBBERT SUB FOR- MMIS SERVICES PAGE - 1

ENTERED-03/10/04 PRIORITY- EST-DAYS-000 REQD
BEGIN-03/10/04 COMPLETE-04/02/04 CLOSE-

DESCRIPTION: CHANGES TO REPORT BWMC7610-R001

STATUS:

REQUEST CONTROL NUMBER: 4779

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

REPORT NUMBER BWMC7610-R001, "SCHOOL DISTRICTS WITH WARRANTS PAID TO OSPI", WAS MODIFIED BY CSR #4540 WITH A COMPLETED DATE OF 12/3/03. THE ENCOUNTER CALCULATIONS ARE NOW CORRECT, BUT ARE INCLUDING PAID AND DENIED CLAIMS.

PLEASE CHANGE TO CALCULATE THE NUMBER OF ENCOUNTERS FOR PAID CLAIMS ONLY.

ATTACHED EXAMPLES INCLUDE REPORT NUMBER BWMC7610-R001, A REMITTANCE AND STATUS REPORT (PAGE WITH ONLY PAID CLAIMS) AND COPY OF CSR#4540

THIS HAS BEEN DISCUSSED WITH DON BOOGERD.

SYSTEM SPECIFICATIONS:

TO COMPLETE THIS CSR THE FOLLOWING NEEDS TO BE DONE.

- 1. BWMC7500; ADD LOGIC TO S138A-CHECK-FOR-PROC-0170S TO CHECK THE CLAIM STATUS, AND IF STATUS IS PAID, THEN COUNT THE ENCOUNTER IF NOT PAID THEN DON'T COUNT THE ENCOUNTER.
- 2. RECOMPILE BWMC7500.

03/10/04. ADDED - 269.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 275 RUN DATE 06/02/04

NUMBER - 4660 SUB BY- GERALD HUBBERT SUB FOR- MMIS SERVICES	PAGE - 2
ENTERED-03/10/04 PRIORITY- EST-DAYS-000	REQD-
BEGIN-03/10/04 COMPLETE-04/02/04 CLOSE-	
03/23/04. UPDATED - 551.	

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 276 RUN DATE 06/02/04

CSR LOG

NUMBER - 4662 SUB BY- SANDRA RICCOLO SUB FOR- MMIS SERVICES PAGE - 1

ENTERED-03/10/04 PRIORITY- EST-DAYS-000 REQD
BEGIN-03/10/04 COMPLETE-04/09/04 CLOSE-

DESCRIPTION: CHANGES TO EXCEPTION 332

STATUS:

REQUEST CONTROL NUMBER: 4781

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

PLEASE UPDATE THE POSTING CRITERIA OF EXCEPTION 332 (INVALID PROVIDER TYPE FOR PROCEDURE) AS FOLLOWS:

POST EXCEPTION IF:

- 1. PROC-PROV-TYPE-IND ON PDD FILE IS EQUAL TO "V" (VALID PROV TYPES) AND PROC-PROV-TYPE ON PDD FILE IS NOT EQUAL TO THE CLAIM PROV-TYPE.

 OR
- 2. PROC-PROV-TYPE-IND ON PDD FILE IS EQUAL TO "I" (INVALID PROV TYPES) AND PROC-PROV-TYPE ON PDD FILE IS EQUAL TO THE CLAIM PROV-TYPE.

- 3. CLAIM PROV-TYPE IS 40, AND CLAIM PROV-SPEC-CODE IS 66, AND DATE OF SERVICE IS PRIOR TO JULY 1, 2002 AND ONE OF THE FOLLOWING PROCEDURE CODES ARE BILLED: 97520, 97535, 97537 OR 0002M.
- OR
 4. CLAIM PROV-TYPE IS 40, AND CLAIM PROV-SPEC-CODE IS 66, AND THE DATE OF SERVICE IS PRIOR TO 04/01/04, AND THE PROCEDURE CODE 97113 IS BILLED

ALL OTHER CRITERIA IN THIS EXCEPTION SHALL REMAIN UNCHANGED.

THIS HAS BEEN DISCUSSED WITH DARIN MORIN.

SYSTEM SPECIFICATIONS:

TO COMPLETE THIS CSR THE FOLLOWING NEEDS TO BE DONE.

1. BWWC3550; ADDED 88 LEVEL WH-550-PROC-CODE-332-POST CONTAINING THE VALUE 97113 AND 05 LEVEL WK-000-APRIL-01-2004 CONTAINING

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 277 RUN DATE 06/02/04

CSR LOG

NUMBER - 4662 SUB BY-	SANDRA RICCOLO	SUB FOR- MMIS SERVICES	PAGE - 2
ENTERED-03/10/04	PRIORITY-	EST-DAYS-000	REQD -
BEGIN-03/10/04 COMPLET	E-04/09/04 CLO	SE-	

THE VALUE 14702.

- 2. BWPC3550; ADDED LOGIC IN SECTION S810 TO CHECK ABOVE LEVELS AND FOR PROV TYPE 40 AND PROV SPEC 66 THEN POST EXCEPTION 332.
- 3. BWWC3530; ADDED 88 LEVEL WH-550-PROC-CODE-332-POST CONTAINING THE VALUE 97113 AND 05 LEVEL WK-000-APRIL-01-2004 CONTAINING THE VALUE 14702.
- 4. BWPC3530; ADDED LOGIC IN SECTION S590 TO CHECK ABOVE LEVELS AND FOR PROV TYPE 40 AND PROV SPEC 66 THEN POST EXCEPTION 332.
- 5. RECOMPILE BWSC3550, BWSC3530, BWOC0086 AND BWOC0087.

03/10/04. ADDED - 269.

03/30/04. UPDATED - 551.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 278 RUN DATE 06/02/04

CSR LOG

NUMBER - 4663 SUB BY- CATHIE OTT SUB FOR- MONTE JOHNSON PAGE- 1

ENTERED-03/11/04 PRIORITY- EST-DAYS-000 REQD
BEGIN-03/11/04 COMPLETE-04/02/04 CLOSE-

DESCRIPTION: ACCOUNT CODE CHANGES

STATUS:

REQUEST CONTROL NUMBER: 4775

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

UPDATE THE MMIS ACCOUNT CODE ASSIGNMENT MANUAL AS FOLLOWS:

SECTION I CHAPTER 1 PAGE 8

MI/PII DSH AND GAU - DSH

REMOVE REFERENCE TO CLAIM TYPE "M" FROM BOTH ROUTINES.

SYSTEM SPECIFICATIONS:

IN PROGRAM BWSC5050, SECTION 1, CHAPTER1, PAGE 8 REMOVE REFERENCES TO CLAIM TYPE "M" FOR BOTH ROUTINES.

RECOMPILE BWSC5050.

03/11/04. ADDED - 269.

03/18/04. UPDATED - 177.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 279 RUN DATE 06/02/04

CSR LOG

NUMBER - 4664 SUB BY- SUE HILTON SUB FOR- LESLIE LYNAM PAGE- 1

ENTERED-03/11/04 PRIORITY- EST-DAYS-000 REQD
BEGIN-03/11/04 COMPLETE-04/16/04 CLOSE-

DESCRIPTION: CHANGES TO PROV CHARGE REPORTS

STATUS:

REQUEST CONTROL NUMBER: 4782

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

THE PROVIDER CHARGE REPORT REQUEST FORM (ATTACHED) IS USED TO REQUEST THE FOLLOWING REPORTS:

BWMF6100-R001 - PROVIDERS WITH SPECIFIC REVENUE CODES BWMF6100-R002 - PROVIDERS WITH SPECIFIC CHARGE MODES BWMF6100-R003 - INDIVIDUAL PROVIDER CHARGE REPORT BWMF6100-R004 - INDIVIDUAL PROVIDER CHARGE MODE REPORT BWMF6100-R005 - FQHC RATE LISTING

CURRENTLY, THESE REPORTS ARE ONLY AVAILABLE ON HARD-COPY GREEN BAR PAPER. IN ADDITION TO HARDCOPY, PLEASE MAKE THESE REPORTS AVAILABLE THROUGH THE "E-BIN" PROCESS.

THIS HAS BEEN DISCUSSED WITH DARIN MORIN.

SYSTEM SPECIFICATIONS:

TO COMPLETE THIS CSR THE FOLLOWING NEEDS TO BE DONE:

- 1. MODIFY THE OPS CLIST TO REQUEST THE REPORTS AND SUBMIT WPRVCHGX TO CREATE THE REPORTS AND SEND THEM TO AN EBIN SUPPLIED BY THE REQUEST.
- 2. ADD THE NEW REQUEST FORMATS TO THE FILE TRANSFER DOCUMENTATION.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 280 RUN DATE 06/02/04

	SUB BY- SUE HILTON	SUB FOR- LESLIE LYNAM	PAGE - 2
ENTERED-03/11/04	PRIORITY-	EST-DAYS-000	REQD -
BEGIN-03/11/04	COMPLETE-04/16/04 CL		İ
	. ADDED - 269.		
			'

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 281 RUN DATE 06/02/04

CSR LOG

NUMBER - 4665 SUB BY-	SUE HILTON	SUB FOR- CYNTHIA SMITH	PAGE - 1
ENTERED-03/11/04	PRIORITY-	EST-DAYS-000	REQD -
BEGIN-03/11/04 COMPLET	E-05/07/04 CLC	SE-	

DESCRIPTION: MODIFY OUTPATIENT PRICING

STATUS:

REQUEST CONTROL NUMBER: 4783

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

PER THE CURRENT INSTITUTIONAL PRICING EXHIBIT (ATTACHED), OUTPATIENT HOSPITAL CLAIMS FROM ST. LUKE'S HOSPITAL (PROVIDER NUMBER 3200284) SHOULD PRICE FROM CHARGE MODE 01 FOR RECIPIENTS UNDER THE AGE OF 18 YEARS. WHEN CSR 4422 WAS IMPLEMENTATION, THE MMIS BEGAN REIMBURSING FROM THE PDDD FILE AND NOT FROM THE PROVIDER CHARGE FILE.

PLEASE REVERSE THE PRICING CHANGE THAT WAS CREATED WITH CSR 4422 FOR ST. LUKE'S HOSPITAL (3200284) THROUGH DATES OF SERVICE JANUARY 23, 2004 ONLY. BEGINNING WITH DATE OF SERVICE JANUARY 24, 2004 AND AFTER, THIS PROVIDER WILL BE REIMBURSED FROM THE PDDD FILE FOR ALL THEIR CLIENTS REGARDLESS OF AGE.

A MASS ADJUSTMENT WILL BE SUBMITTED AFTER THIS CSR HAS BEEN COMPLETED.

THIS HAS BEEN DISCUSSED WITH DARIN MORIN.

PER THE CURRENT INSTITUTIONAL PRICING EXHIBIT (ATTACHED), OUTPATIENT HOSPITAL CLAIMS FROM ST. LUKE'S HOSPITAL (PROVIDER NUMBER 3200284) SHOULD PRICE FROM CHARGE MODE 01 FOR RECIPIENTS UNDER THE AGE OF 18 YEARS. WHEN CSR 4422 WAS IMPLEMENTED, THE MMIS BEGAN REIMBURSING FROM THE PDDD FILE AND NOT FROM THE PROVIDER CHARGE FILE.

PLEASE REVERSE THE PRICING CHANGE THAT WAS CREATED WITH CSR 4422 FOR ST. LUKE'S HOSPITAL (3200284) THROUGH DATES OF SERVICE JANUARY 23, 2004 ONLY. BEGINNING WITH DATES OF SERVICE JANUARY 24, 2004 AND AFTER, THIS PROVIDER WILL BE REIMBURSED FROM THE PDDD FILE FOR ALL OF THEIR CLIENTS REGARDLESS OF AGE.

A MASS ADJUSTMENT WILL BE SUBMITTED AFTER THIS CSR HAS BEEN COMPLETED.

THIS HAS BEEN DISCUSSED WITH DARIN MORIN.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 282 RUN DATE 06/02/04

CSR LOG				
NUMBER - 4665 SUB BY- SUE HILTON SUB FOR- CYNTHI				
ENTERED-03/11/04 PRIORITY- EST-DAYS-000	REQD -			
BEGIN-03/11/04 COMPLETE-05/07/04 CLOSE-				
SYSTEM SPECIFICATIONS:				
O ADD LOGIC TO SECTION S435-OP-PROC-PRICING OF BWPC3530 WHICH WILL SET THE WS-001-PRICE-REV-CODE SWITCH TO ON FOR ST. LUKES CLAIMS PRIOR TO JANUARY 24, 2004, THIS WILL ALLOW THE CLAIM TO PRICE BASED OFF OF THE REVENUE CODE AND PROVIDER CHARGE MODE.				
O ADD A NEW CONSTANT (WK-000-JAN-24-2004) TO BWWC3530 WHICH WILL HOLD THE CENTURY DATE VALUE FOR JANUARY 24, 2004.				
O RECOMPILE PROGRAM BWSC3530 AND BWOC0087.				
03/11/04. ADDED - 269.				
04/13/04. UPDATED - 158.				

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 283 RUN DATE 06/02/04

CSR LOG

NUMBER - 4666 SUB BY- SUE HILTON SUB FOR- PREMERA BLUE CR PAGE- 1

ENTERED-03/11/04 PRIORITY- EST-DAYS-000 REQD
BEGIN-03/11/04 COMPLETE-04/02/04 CLOSE-

DESCRIPTION: MODIFY PREMERA MCARE FILE

STATUS:

REQUEST CONTROL NUMBER: 4787

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

WHEN CREATING THE MONTHLY MEDICARE INTERMEDIARY ELIGIBILITY FILE FOR PREMERA BLUE CROSS, PLEASE REPLACE THE NUMBER "1" IN COLUMN 23 OF THE E00 RECORD WITH OF AN ALPHA "I".

THIS HAS BEEN DISCUSSED WITH DARIN MORIN.

ADDENDUM AS OF MARCH 24, 2004

THE CRITERIA LISTED ABOVE SHOULD READ AS FOLLOWS:

WHEN CREATING THE MONTHLY MEDICARE INTERMEDIARY ELIGIBILITY FILE FOR PREMERA BLUE CROSS, PLEASE REPLACE THE ALPHA "I" IN COLUMN 23 OF THE E00 RECORD WITH A NUMERIC "1".

THIS HAS BEEN DISCUSSED WITH DARIN MORIN.

SYSTEM SPECIFICATIONS:

IN ORDER TO COMPLETE THIS CSR THE FOLLOWING WILL NEED TO BE DONE.

MAKE CHANGES IN PROGRAM BWMR2200 TO MOVE A "1" TO COLUMN 23 OF THE E00 RECORD FOR THE MONTHLY ELIGIBILITY FILE FOR PREMERA BLUE CROSS.

RECOMPILE BWMR2200.

03/11/04. ADDED - 269.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 284 RUN DATE 06/02/04

NUMBER - 4666 SUB BY- SUE HILTON SUB FOR- PREMERA BLUE	CR PAGE - 2
ENTERED-03/11/04 PRIORITY- EST-DAYS-000	REQD -
BEGIN-03/11/04 COMPLETE-04/02/04 CLOSE-	
03/18/04. UPDATED - 177.	

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 285 RUN DATE 06/02/04

CSR LOG

NUMBER - 4667 SUB BY-	SUE HILTON	SUB FOR- LESLIE LYNAM	PAGE - 1
ENTERED-03/11/04	PRIORITY-	EST-DAYS-000	REQD-
BEGIN-03/11/04 COMPLETE	:-03/26/04 CLO	SE-	

DESCRIPTION: DISC X1 TRAUMA REPORT

STATUS:

REQUEST CONTROL NUMBER: 4785

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

THE HOSPITAL RATES SECTION NO LONGER NEEDS THE "X1" HOSPITAL TRAUMA REPORT (COPY ATTACHED). PLEASE CONTINUE THE MONTHLY PRODUCTION OF THIS REPORT.

SYSTEM SPECIFICATIONS:

IN ORDER TO IMPLEMENT THIS CSR, THE FOLLOWING WILL NEED TO BE DONE:

- O REMOVE THE FTP STEP FTPSTEP1 IN JCL BWXHSTM#.
- O UPDATE RUNSHEET RUNMTHLY.

03/11/04. ADDED - 269.

03/22/04. UPDATED - 516.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 286 RUN DATE 06/02/04

CSR LOG

NUMBER - 4668 SUB BY-	SUE HILTON	SUB FOR- MMIS SERVICES	PAGE - 1
ENTERED-03/11/04	PRIORITY-	EST-DAYS-000	REQD -
BEGIN-03/11/04 COMPLETE	-05/28/04 CLO	 SE-	

DESCRIPTION: CHANGES TO EXCEPTION 167

STATUS:

REQUEST CONTROL NUMBER: 4786

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

PLEASE ADD PATIENT STATUS CODE 65 (DISCHARGED/TRANSFERRED TO A PSYCHIATRIC HOSPITAL OR PSYCHIATRIC DISTINCT PART UNIT OF A HOSPITAL) TO THE LIST OF VALID CODES FOR EXCEPTION 167. THIS CODE SHOULD CROSS WALK TO, AND GROUP THE SAME AS, PATIENT STATUS 05 (I.E. PRO-RATE BASED ON THE DRG LENGTH OF STAY (LOS) AND BY-PASS EXCEPTION 235 WHEN THE STAY IS 24 HOURS OR LESS). THIS CHANGE IS EFFECTIVE WITH ADMISSIONS ON AND AFTER 04/01/04. FOR ADMISSIONS PRIOR TO 04/01/04, CONTINUE TO POST EXCEPTION 167.

SYSTEM SPECIFICATIONS:

- O ADD THE NEW VALUE TO DED03160 (PATIENT STATUS) IN THE ADD SYSTEM.
- O MODIFY THE LOGIC OF SECTION S320-210-DETERMINE-TRANSFER AND S460-000-DRG-PRICING IN BWPC3530 TO HANDLE THE PRORATED PRICING REQUESTED ABOVE.
- O MODIFY THE LOGIC IN BWPC2040 AND BWPC2060 TO POST EXCEPTION 0167 FOR THE CRITERIA SPECIFIED ABOVE.
- O ADDED LOGIC TO BWPC3520 TO CROSS-WALK THE PATIENT STATUS CODES.
- O RECOMPILE PROGRAMS BWSC3530 BWSC2040 BWSC2050 BWOC0087 BWOC0037 BWOC0039 AND ALL OTHER PROGRAMS EFFECTED BY THE ADD SYSTEM COPY MEMBER CHANGES MADE ABOVE.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 287 RUN DATE 06/02/04

NUMBER - 4668 SUB BY- SUE HILTON S	SUB FOR- MMIS SERVICES	PAGE - 2
	-DAYS-000	REQD -
BEGIN-03/11/04 COMPLETE-05/28/04 CLOSE-		
03/11/04. ADDED - 269.		,
05/19/04. UPDATED - 158.		

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 288 RUN DATE 06/02/04

CSR LOG

NUMBER - 4669 SUB BY- SUE HILTON SUB FOR- MMIS SERVICES PAGE- 1

ENTERED-03/11/04 PRIORITY- EST-DAYS-000 REQD
BEGIN-03/11/04 COMPLETE-04/16/04 CLOSE-

DESCRIPTION: CHANGES TO EXCEPTION 433

STATUS:

REQUEST CONTROL NUMBER: 4787

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

PLEASE ADD HIV RELATED DRG'S 700 THROUGH 716 TO THE EXCEPTION 433 HARD CODING (ATTACHED) IN ITEM #1 FOR "S" INPATIENT CLAIMS AND ITEM #1 FOR "R" DRG CLAIMS.

SYSTEM SPECIFICATIONS:

- O ADD LOGIC TO SECTION S496-INP-DRG-AFTER-PA-EDITS OF BWPC3530 TO BYPASS THE POSTING OF EXCEPTION 433, ON THOSE INPATIENT AND DRG CLAIMS THAT MEET THE HIV DRG CODE REQUIREMENTS LISTED ABOVE.
- O ADD A NEW 88 LEVEL (WK-000-HIV-DRG) TO BWWC3530 WHICH WILL HOLD THE VALUES FOR DRG 700 -716.
- O RECOMPILE PROGRAM BWSC3530 AND BWOC0087.

03/11/04. ADDED - 269.

03/30/04. UPDATED - 158.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 289 RUN DATE 06/02/04

CSR LOG

NUMBER - 4670 SUB BY- CATHIE OTT SUB FOR- DAVID COOK PAGE - 1

ENTERED-03/16/04 PRIORITY- EST-DAYS-000 REQD
BEGIN-03/16/04 COMPLETE-05/03/04 CLOSE-

DESCRIPTION: BWMM1700-R001 FOR DDD IMR PROV

STATUS:

REOUEST CONTROL NUMBER: 4788

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

PLEASE PREPARE REPORT BWMM1700-R001 FOR DDD IMR PROVIDERS. THE SERVICE PERIOD IS 1/1/2003 THROUGH 12/31/2003. THE PAYMENT PERIOD IS 1/1/2003 THROUGH 3/20/2004. THE FOLLOWING ARE THE PROVIDER NUMBERS:

PLEASE PREPARE A SEPERATE REPORT FOR EACH PROVIDER. DDD IS REQUESTING A HARD COPY REPORT DELIVERY.

SYSTEM SPECIFICATIONS:

THIS CSR IS REQUESTING BWMM1700-R001 REPORTS FOR DDD. EACH REQUEST WILL BE PROCESSED AS A SEPARATE REQUEST IN ORDER TO GROUP THE REPORTS INDIVIDUALLY. THESE REQUESTS WILL BE RUN USING PROGRAM BWMM1700.

03/16/04. ADDED - 550.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 290 RUN DATE 06/02/04

NUMBER - 4670 SU	B BY- CATHIE OTT	SUB FOR- DAVID COOK	PAGE - 2
ENTERED-03/16/04	PRIORITY-	EST-DAYS-000	REQD -
BEGIN-03/16/04 CO	MPLETE-05/03/04 CLC		
	UPDATED - 521.		

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 291 RUN DATE 06/02/04

CSR LOG

NUMBER - 4671 SUB BY-		SUB FOR- MMIS SERVICES	PAGE - 1
ENTERED-03/16/04	PRIORITY-	EST-DAYS-000	REQD -
BEGIN-03/16/04 COMPLET	E- CLO	DSE-	
DESCRIPTION: DOCU	JMENT LAG FACTO	ORS IN IER RPT	

STATUS: IN PROCESS

REQUEST CONTROL NUMBER: 4789

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

PLEASE PROVIDE DOCUMENTATION OF THE METHOLOGY USED TO CALCULATE LAG FACTORS IN THE MONTHLY INCURRED EXPENSE REPORT (IER). PLEASE INCLUDE SPECIFIC LAG FACTOR FORMULAS TO ASSIST BUDGET/ACCOUNTING STAFF IN THEIR REVIEW OF LAG FACTORS.

SYSTEM SPECIFICATIONS:

03/16/04. ADDED - 550.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 292 RUN DATE 06/02/04

CSR LOG

	B BY- ALLON PETERMAN	SUB FOR- KATHY FERTUNA	PAGE – 1
ENTERED-03/16/04	PRIORITY-	EST-DAYS-000	REQD-
BEGIN-03/16/04 COM	MPLETE- CLOS	SE-	

DESCRIPTION: MODIFY RECIP PROFILE REQUEST

STATUS: AWAITING ANALYSIS

REQUEST CONTROL NUMBER: 4790

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

CURRENTLY, WHEN A PROFILE IS ORDERED AND THE "CLIENT ID" FIELD IS USED, THE SYSTEM WILL ALLOW THE REQUESTER TO PUT IN EIGHT DIGITS. UNFORTUNATELY, WHEN THIS HAPPENS THE PROFILE DOES NOT COME OUT.

PLEASE HAVE THE SYSTEM ENTER LEAD ZEROS IN THIS FIELD IF THE REQUESTER ONLY PUTS IN EIGHT DIGITS.

THIS HAS BEEN DISCUSSED WITH DON BOOGERD.

SYSTEM SPECIFICATIONS:

03/16/04. ADDED - 550.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 293 RUN DATE 06/02/04

CSR LOG

NUMBER - 4673 SUB BY- CATHIE OTT SUB FOR- MMIS SERVICES PAGE- 1

ENTERED-03/17/04 PRIORITY- EST-DAYS-000 REQD
BEGIN-03/17/04 COMPLETE-03/26/04 CLOSE-

DEGIN 05/17/04 COMEDIE 05/20/04 CLOSE

DESCRIPTION: 1099 MAGNETIC FILING FOR 2002

STATUS:

REOUEST CONTROL NUMBER: 4791

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

PLEASE PREPARE A COPY OF THE STANDARD FORM 1099 MAGNETIC FILING FOR 2002. THE DATA HAS BEEN REQUESTED BY THE IRS FOR AN AUDIT OF ALL SUBDEPARTMENTS OF EIN 91-6001088.

DSHS IS COMPILING INFORMATION TO BE SENT TO THE IRS BY MARCH 31, 2004. PLEASE DELIVER THE ABOVE DATA TO CATHIE OTT BY MARCH 26, 2004.

SYSTEM SPECIFICATIONS:

THIS REQUEST IS FOR A COPY OF THE 2002 IRS 1099 FILE AS IT WAS SUBMITTED TO THE IRS. A DISKETTE COPY WILL BE MADE OF THE BACKUP OF THIS FILE.

03/17/04. ADDED - 550.

03/23/04. UPDATED - 521.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 294 RUN DATE 06/02/04

CSR LOG

NUMBER - 4674 SUB BY-	CHRISTINE CHUML SUB FOR - MMIS SERVICES	PAGE - 1
ENTERED-03/18/04	PRIORITY- EST-DAYS-000	REQD -
BEGIN-03/18/04 COMPLETE	E-04/02/04 CLOSE-	

DESCRIPTION: MODIFY EXCEPTION 629

STATUS:

REQUEST CONTROL NUMBER: 4771

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

PLEASE MODIFY THE LOGIC FOR EXCEPTION CODE 629 (DATA TRANSFER CLAIMS) AS FOLLOWS:

ADD EXCEPTIONS 174, 184, 326, 328, 343 AND 1004 TO THE LIST OF DATA TRANSFER CLAIMS THAT POST EXCEPTION 629 ON THE FIRST CYCLE.

THIS HAS BEEN DISCUSSED WITH DARIN MORIN.

ADDENDUM AS OF MARCH 19, 2004 - CHRISTINE CHUMLEY

PLEASE REMOVE EXCEPTION 1004, SHOWN ABOVE, FROM THE CSR'S CRITERIA. THIS CSR AFFECTS CLAIM TYPES "J" "P" AND "L" ONLY.

THIS HAS BEEN DISCUSSED WITH DARIN MORIN.

SYSTEM SPECIFICATIONS:

 ${\tt BWMC5000}; \; {\tt ADD} \; {\tt LOGIC} \; {\tt TO} \; {\tt POST} \; {\tt EXCEPTION} \; 629 \; {\tt IF} \; {\tt ONE} \; {\tt OF} \; {\tt THE} \; {\tt LISTED} \; {\tt EXCEPTIONS} \; {\tt IS} \; {\tt ON} \; {\tt THE} \; {\tt CLAIM}.$

03/18/04. ADDED - 550.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 295 RUN DATE 06/02/04

CSR LOG

NUMBER - 4675 SUB BY-	SUE HILTON	SUB FOR- MMIS SERVIC	ES PAGE - 1
ENTERED-03/19/04	PRIORITY-	EST-DAYS-000	REQD -
BEGIN-03/19/04 COMPLET	E-04/02/04 CLO	SE-	

DESCRIPTION: 2003 LENGTH OF STAY UPDATE

STATUS:

REQUEST CONTROL NUMBER: 4792

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

ATTACHED IS THE 2003 LENGTH OF STAY (LOS) DATA FILE. PLEASE LOAD THIS DATA INTO THE MMIS. COMPARE THE NEW LOS INFORMATION TO THE CURRENT MMIS DIAGNOSIS CODE LISTING, AND PRINT A REPORT LISTING ANY NEW DIAGNOSIS CODES THAT ARE NOT CURRENTLY LOADED INTO THE MMIS.

DO NOT UPDATE DIAGNOSIS CODES IN THE PSYCHIATRIC RANGE (290-301.9 AND 306-314.9). THESE CODES ARE MANAGED BY THE DIVISION OF MENTAL HEALTH REGIONAL SUPPORT NETWORK'S (RSN'S), AND THEY DO NOT WANT THEM UPDATED AT THIS TIME.

DUE TO THE DELAY IN RECEIVING THIS DATA, THE EFFECTIVE DATE WILL BE 04/01/04.

THIS HAS BEEN DISCUSSED WITH DARIN MORIN.

SYSTEM SPECIFICATIONS:

A CD WAS RECEIVED FROM HCIA, WHICH CONTAINED 4 FILES AND THE 2003 LOS MANUAL. OF THE 4 FILES ON THE CD, ONLY DWEST03.DAT AND ICDCM.DAT WERE USED. WASHINGTON STATE CURRENTLY ONLY APPLIES THE DIAGNOSIS LENGTH OF STAY DATA AND NOT THE OPERATION LENGTH OF STAY DATA (OWEST03.DAT FILE). THE DWEST03 AND ICDCM FILE WERE UPLOADED TO THE MAINFRAME USING ATTACHMATE'S FILE TRANSFER OPTION. THE DWEST03 FILE WAS CATALOGED UNDER GDG WASH.PTEST.PAS.LOS.DATA. THE ICDCM FILE WAS CATALOGED UNDER GDG WASH.PTEST.PAS.CODES.DATA.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 296 RUN DATE 06/02/04

CSR LOG

NUMBER - 4675 SUB BY-	SUE HILTON	SUB FOR- MMIS SERVICES	PAGE - 2
ENTERED-03/19/04	PRIORITY-	EST-DAYS-000	REQD -
BEGIN-03/19/04 COMPLET	E-04/02/04 CLO	SE-	

MODIFY BWMC4420, THE TWO FILE MATCH BETWEEN NEWLY BUILT UR INSTITUTIONAL CRITERIA AND PRODUCTION UR INSTITUTIONAL CRITERIA FILES PROGRAM, AS FOLLOWS:

O IN THE BWMC4420, COMMENT OUT THE LOGIC THAT ASSIGNS THE EFFECTIVE DATE AND HARD CODE IN AN EFFECTIVE DATE OF 04/01/04. THIS PROCESS IS NORMALLY RUN AT THE START OF THE YEAR AND IS DESIGNED TO SET AN EFFECTIVE DATE OF JANUARY 1ST PLUS THE YEAR. RECOMPILE BWMC4420.

NO MODIFICATIONS ARE NECESSARY TO MMIS JCL.

THE FOLLOWING MODIFICATIONS MUST BE MADE TO MMIS DOCUMENTATION:

- O UPDATE THE CSR LOG WITH THE REQUIREMENTS ANALYSIS FOR CSR 4675.
- O UPDATE THE CHANGE MATRIX IN PROGRAM BWMC4420.

THIS CSR WILL BE TESTED USING BATCH JOBS. TO TEST THE CHANGES AND THE HCIA TAPE, RUN JOB WASH.PTEST.JOBLIB(BWURLDTS). THIS WILL LOAD THE NEW LOS STAY INFORMATION TO THE ONLINE CICSTEST SYSTEM. AFTER THE STATE HAS REVIEWED THE RESULTS ONLINE AND APPROVED THE REPORTS, THE PRODUCTION JOB WILL BE SETUP AND RUN AFTER CICSEXAM AND CICSWRES ARE DOWN. THE PRODUCTION JOB PARALLELS THE TEST JOB. IT IS NAMED WASH.PPROD.JOBLIB(BWURLDYR). SINCE THE LENGTH OF STAY INFORMATION IS LOADED ON CICSTEST, THE STATE WILL BE ABLE TO TEST THIS CHANGE USING THE ONLINE TEST SYSTEM. ONE COPY EACH OF THE "DIAGNOSIS GROUPS WITH LENGTHS OF STAYS AND DIAGNOSIS CODES", "UR CRITERIA FILE DIAGNOSIS CODES WITH NO PDDD FILE MATCH" AND "PDDD FILE DIAGNOSIS CODES WITH NO UR CRITERIA FILE MATCH" REPORTS WILL BE DELIVERED.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 297 RUN DATE 06/02/04

	SUB BY- SUE HILTON	SUB FOR- MMIS SERVICES	PAGE - 3
ENTERED-03/19/0	4 PRIORITY-	EST-DAYS-000	REQD-
BEGIN-03/19/04	COMPLETE-04/02/04	CLOSE-	
03/19/04	. ADDED - 269.		

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 298 RUN DATE 06/02/04

CSR LOG

NUMBER - 4676 SUB BY-	ALLON PETERMAN	SUB FOR- SANDY MITCHELL	PAGE - 1
ENTERED-03/19/04	PRIORITY-	EST-DAYS-000	REQD-
BEGIN-03/19/04 COMPLETE	- CLO	SE-	

DESCRIPTION: CHANGE PAYERS NAME ON 1099 FORM

STATUS: AWAITING ANALYSIS

REQUEST CONTROL NUMBER: 4793

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

PLEASE CHANGE THE "PAYER'S NAME, ADDRESS" ON THE 1099-MISC FORMS GENERATED FOR PROVIDERS TO THE FOLLOWING:

MEDICAL ASSISTANCE ADMINISTRATION DIVISION OF CUSTOMER SUPPORT P.O. BOX 45562 OLYMPIA, WA 98504-5562 1-800-545-0544

WHEN A PROVIDER'S ADDRESS CONTAINS FOUR LINES THE BOTTOM LINE DROPS BELOW THE WINDOW OPENING. PLEASE CHANGE THE PRINTING SO THE ENTIRE ADDRESS SHOWS IN THE WINDOW (SEE ATTACHED SAMPLES).

THIS HAS BEEN DISCUSSED WITH DARIN MORIN.

SYSTEM SPECIFICATIONS:

03/19/04. ADDED - 269.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 299 RUN DATE 06/02/04

CSR LOG

NUMBER - 4678 SUB BY- ALLON PETERMAN SUB FOR- SANDY MITCHELL PAGE - 1

ENTERED-03/19/04 PRIORITY- EST-DAYS-000 REQD
BEGIN-03/19/04 COMPLETE-04/02/04 CLOSE-

DESCRIPTION: DISC PRINTING RPT BWMC7650-R001

STATUS:

REQUEST CONTROL NUMBER: 4795

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

PLEASE DISCONTINUE PRINTING THE EFT PAYMENT SUMMARY BY PROVIDER NAME REPORT (BWMC7650-R001). THIS REPORT IS CURRENTLY ON COLD.

THIS HAS BEEN DISCUSSED WITH DARIN MORIN.

SYSTEM SPECIFICATIONS:

IN ORDER TO COMPLETE THIS CSR THE FOLLOWING NEEDS TO BE DONE.

COMMENT OUT STATEMENTS IN THE JCL BWCP4500 WHICH SENDS THE $\mbox{\sc report}$ TO THE PRINTER.

CHANGE RUNSHEET RUNPMT TO REFLECT NO LONGER PRINTING REPORT.

03/19/04. ADDED - 269.

03/26/04. UPDATED - 177.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 300 RUN DATE 06/02/04

CSR LOG

NUMBER - 4679 SUB BY- ALLON PETERMAN SUB FOR- ANN LAWRENCE PAGE- 1

ENTERED-03/19/04 PRIORITY- EST-DAYS-000 REQD
BEGIN-03/19/04 COMPLETE-04/23/04 CLOSE-

DESCRIPTION: MODIFY PROV ENROLLMENT LETTERS

STATUS:

REQUEST CONTROL NUMBER: 4796

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

CURRENTLY, PROVIDER ENROLLMENT SENDS OUT LETTERS INFORMING PROVIDERS THEIR LICENSES ARE ABOUT TO EXPIRE. THERE ARE A FEW PARTS OF THE LETTER THAT NEED CHANGED (SEE ATTACHED EXAMPLE).

- * THE ZIP + 4 HAS AN EXTRA "0" THAT NEEDS TO BE REMOVED
- * "PROVIDER NUMBER" NEEDS TO BE CHANGED TO "MEDICAID PROVIDER NUMBER"
- * THE BODY OF THE LETTER SHOULD STATE:

DEAR PROVIDER:

OUR MEDICAID RECORDS SHOW THAT YOUR PROFESSIONAL LICENSE ISSUED BY THE DEPARTMENT OF HEALTH WILL EXPIRE NEXT MONTH. AS REQUIRED BY YOUR SIGNED CORE PROVIDER AGREEMENT, YOU MUST SEND A COPY OF YOUR LICENSE SHOWING THE NEW EXPIRATION DATE. PLEASE INCLUDE YOUR MEDICAID PROVIDER NUMBER WITHIN 30 DAYS OF THE EXPIRATION DATE ON YOUR LICENSE.

PLEASE CALL 1-866-545-0544 IF YOU HAVE ANY QUESTIONS. YOU MAY EITHER SEND A COPY OF YOUR LICENSE INTO THE ADDRESS BELOW OR FAX TO 1-360-586-9548.

THANK YOU FOR YOUR COOPERATION.

* THE END OF THE LETTER SHOULD BE CHANGED TO:

MEDICAL ASSISTANCE ADMINISTRATION PROVIDER ENROLLMENT UNIT DIVISION OF CUSTOMER SUPPORT P.O. BOX 45562 OLYMPIA, WA 98504-5562

THIS WAS DISCUSSED WITH DARIN MORIN.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 301 RUN DATE 06/02/04

	PAGE -	2
ENTERED-03/19/04 PRIORITY- EST-DAYS-000	REQD-	
BEGIN-03/19/04 COMPLETE-04/23/04 CLOSE-		
SYSTEM SPECIFICATIONS:		
TO COMPLETE THIS CSR THE FOLLOWING NEEDS TO BE DONE.		
 BWMP5000; ALTER THE REPORT LAYOUT FOR R2000RB TO INCLU REQUESTED CHANGES. 	IDE THE	
2. RECOMPILE BWMP5000.		
03/19/04. ADDED - 269.		
04/07/04. UPDATED - 551.		

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 302 RUN DATE 06/02/04

CSR LOG

NUMBER - 4680 SUB BY-	SANDY ASBACH	SUB FOR- MMIS SERVICES	PAGE - 1
ENTERED-03/19/04	PRIORITY-	EST-DAYS-000	REQD-
BEGIN-03/19/04 COMPLET	E-04/02/04 CLO	SE-	

DESCRIPTION: CHANGES TO EXCEPTION 344

STATUS:

REQUEST CONTROL NUMBER: 4797

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

DUE TO THE IMPLEMENTATION OF HIPAA, MAA ADOPTED 2 DIAGNOSIS FIELDS IN THE MMIS ON THE HCFA 1500 FORMAT. MMIS IS SET TO AUTO DENY WITH EXCEPTION 344 (INVALID DIAGNOSIS) IF EITHER FIRST OR SECOND DIAGNOSIS IS INVALID. BECAUSE MAA DOES NOT HAVE THE LEADING DIGIT E (SUPPLEMENTARY CLASSIFICATION OF EXTERNAL CAUSES OF INJURY AND POISONING) LOADED INTO THE MMIS AS A VALID DIAGNOSIS, CLAIMS ARE AUTO DENYING IN ERROR.

PLEASE BYPASS EXCEPTION CODE 344 ON CLAIMS WITH THE HCFA 1500 FORMAT AND CLAIM TYPES (J, L, P, AND O) WHEN THE DIAGNOSIS IN THE SECOND FIELD HAS A LEADING DIGIT OF "E", OTHERWISE, POST EXCEPTION 344.

THIS HAS BEEN DISCUSSED WITH DARIN MORIN.

SYSTEM SPECIFICATIONS:

THIS $\,$ CSR IS TO BE CLOSED PER SANDY ASBACH'S INSTRUCTIONS ON MARCH 30, 2004.

03/19/04. ADDED - 269.

03/30/04. UPDATED - 158.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 303 RUN DATE 06/02/04

CSR LOG

NUMBER - 4681 SUB BY- SANDY ASBACH SUB FOR- CAROLINE COYNE PAGE- 1

ENTERED-03/24/04 PRIORITY- EST-DAYS-000 REQD
BEGIN-03/24/04 COMPLETE-04/09/04 CLOSE-

DESCRIPTION: CHANGES TO EXCEPTION 353

STATUS:

REQUEST CONTROL NUMBER: 4800

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

PLEASE ADD THE FOLLOWING BARIATRIC SURGERY PROCEDURES TO EXCEPTION CODE 353 (PROCEDURE REQUIRES APPROVAL) EFFECTIVELY IMMEDIATELY:

2.4.A) 43842, 43843, 43846, 43847

THIS HAS BEEN DISCUSSED WITH DARIN MORIN.

ADDENDUM AS OF MAY 14, 2004 (SANDY ASBACH)

PLEASE ADD THE FOLLOWING SUPPLY PROCEDURE CODES TO EXCEPTION CODE 353 (PROCEDURE REQUIRES APPROVAL) EFFECTIVE WITH DATES OF SERVICE 01/01/04 AND AFTER.

SECTION

2.4.E) L4350 AND L4386

THIS HAS BEEN DISCUSSED WITH DARIN MORIN.

SYSTEM SPECIFICATIONS:

- O ADDED THE VALUES 43842 43843 43846 AND 43847 TO THE 88 LEVEL WK-009-PROC-ALWYS- REQ-PA-UPDTE IN BWWC3550.
- O RECOMPILE PROGRAM BWSC3550 AND BWOC0086.

03/24/04. ADDED - 269.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 304 RUN DATE 06/02/04

NUMBER - 4681 SUB BY- SA	NDY ASBACH	SUB FOR- CAROLINE	COYNE PAGE- 2
	PRIORITY-	EST-DAYS-000	REQD-
BEGIN-03/24/04 COMPLETE-0	4/09/04 CLO	SE-	
03/31/04. UPDATED			

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 305 RUN DATE 06/02/04

CSR LOG

NUMBER - 4682 SUB BY- 0	CATHIE OTT	SUB FOR- MARK TERJESON	PAGE - 1
ENTERED-03/24/04	PRIORITY-	EST-DAYS-000	REQD -
BEGIN-03/24/04 COMPLETE	- CLO	 SE-	

DESCRIPTION: TRANSFER ENCOUNTER DATA FILES

STATUS: IN PROCESS

REQUEST CONTROL NUMBER: 4801

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

TRANSFER OF ENCOUNTER DATA FILES AND REPORTS PART 1 OF 2.

- PLEASE UPLOAD ALL AVAILABLE ENCOUNTER DATA SOURCE FILES .BKUP, .SUB, .DATA, AND .RPT TO EBIN 10. THERE SHOULD BE 4 FILES FOR EACH SUB-MISSION. FILES WILL BE DOWNLOADED FROM EBIN 10 BY MAA AND SAVED TO CD.
 - * FILES MUST INCLUDE ALL ENCOUNTER DATA SOURCE FILES STORED BY ACS (EXCLUDING THE FILES STORED IN EXTRACTS 74, 16 OF 60). THE SOURCE FILES CONSIST OF THE RAW DATA FILES (.BKUP), EDITED DATA FILES SENT TO THE PLANS AND PLACED IN EXTRACTS (.DATA), AND REPORT FILES BWMP6100-R001, ENCOUNTER DATA ERROR REPORT AND BWMP6100-R002, ENCOUNTER DATA ERROR SUMMARY (.RPT).
 - * PLEASE CHANGE THE .DATA FILE FORMAT TO MAKE IT DOWNLOADABLE AND USABLE IN THE PC ENVIRONMENT.
 - * PLEASE INCLUDE THE LAYOUT FOR EACH TYPE OF FILE.
 - * A SAMPLE TRANSFER BY ACS TO EBIN 10 OF EACH KIND OF SOURCE FILE WOULD BE BENEFICIAL FOR BOTH ACS AND MAA TO HELP DETER-MINE IF THE DOWNLOAD PROCESS WORKS CORRECTLY AND THE FILES ARE USABLE.
 - * WHEN DOWNLOADING IS COMPLETE, MAA AGREES TO DELETE THE SOURCE FILES BY THE METHOD DEFINED IN #2 BELOW. THIS MAY TAKE PLACE AFTER MAA HAS COMPLETED THE DOWNLOADING PROCESS, OR IN MUTUALLY AGREED UPON GROUPINGS AND IF THERE ARE PREARRANGED CHECKS IN PLACE.
- 2. ADD DELETE FUNCTION TO TSO ENCOUNTER DATA UPDATE SCREEN TO ALLOW EDU STAFF TO DELETE THE FOLLOWING:
 - * THE SOURCE FILES DISCUSSED IN #1 THAT HAVE ACS PAY DATES BEGINNING WITH FILES PROCESSED IN 2001 AND AFTER.
 - * THE D&T FILES FROM EXTRACT 74 WHEN THE SUBMISSION IS REJECTED OR NOT USED.
 - * PLEASE MAKE DELETE FUNCTION USER SPECIFIC FOR WASHOO7 AND AS

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 306 RUN DATE 06/02/04

CSR LOG

NUMBER - 4682 SUB BY-	CATHIE OTT	SUB FOR- MARK TERJESON	PAGE - 2
ENTERED-03/24/04	PRIORITY-	EST-DAYS-000	REQD-
BEGIN-03/24/04 COMPLET	E- CLO	DSE-	

BACKUP WASH011.

- 3. PLEASE OUTPUT THE ENCOUNTER DATA UPDATE REPORT BWENCOO1-ROO1 AND THE PROCESS SUMMARY REPORT BWENCOO4-R999 AS ELECTRONIC FILES FOR TRANSFER TO ACS/EBIN 10.
- 4. PRINTED PAPER REPORTS ARE NO LONGER REQUIRED. PLEASE DISCONTINUE PRINTING TO PAPER THE FOLLOWING ENCOUNTER DATA REPORTS: ENCOUNTER DATA UPDATE REPORT BWENCOO1-ROO1, PROCESS SUMMARY REPORT BWENCOO4-R999, ENCOUNTER DATA ERROR REPORT BWMP6100-ROO1 AND ENCOUNTER DATA SUMMARY BWMP6100-ROO2.

THIS HAS BEEN DISCUSSED WITH BROOKE CAMPBELL.

SYSTEM SPECIFICATIONS:

03/24/04. ADDED - 269.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 307 RUN DATE 06/02/04

CSR LOG

NUMBER - 4683 SUB BY- 0	CHRISTINE CHUML SUB FOR- MICHELLE	SENN PAGE - 1
ENTERED-03/24/04	PRIORITY- EST-DAYS-000	REQD-
BEGIN-03/24/04 COMPLETE	CLOSE-	

DESCRIPTION: NEW DAILY GAU ELIGIBLE REPORT

STATUS: AWAITING ANALYSIS

REQUEST CONTROL NUMBER: 4804

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

PLEASE CREATE A DAILY REPORT (ELECTRONIC VERSION SENT TO EBIN 41) SIMILAR TO THE CURRENT NEWBORN REPORT (BWMR2001-R003) FOR GAU CLIENTS. PLEASE SHOW NEWLY ELIGIBLE CLIENTS WITH GAU AS WELL AS EXISTING CLIENTS WHOSE ELIGIBILITY HAS CHANGED TO GAU. GAU CLIENTS ARE IDENTIFIED BY THE FOLLOWING COMBINATION OF MATCH, PROGRAM & ELIGIBILITY INDICATORS ON PAGE 2 OF THE RECIPIENT ELIGIBILITY FILE:

M P E U U O GAU U W O REHAB-GAU R W O REHAB-GAU

PLEASE EXCLUDE CLIENTS WHEN THEY HAVE A RACE CODE OF 4 ON PAGE 1 OF THE ELIGIBILITY FILE.

THE REPORT SHOULD INCLUDE THE CLIENT'S PIC, RZIP, ELIGIBILITY BEGIN AND END DATE, AND THE CLIENT ID. PLEASE SORT THE REPORT BY COUNTY.

THIS HAS BEEN DISCUSSED WITH DON BOOGERD.

SYSTEM SPECIFICATIONS:

03/24/04. ADDED - 269.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 308 RUN DATE 06/02/04

CSR LOG

NUMBER - 4684 SUB BY- CATHIE OTT SUB FOR- SANDY ASBACH PAGE - 1

ENTERED-03/24/04 PRIORITY- EST-DAYS-000 REQD
BEGIN-03/24/04 COMPLETE- CLOSE-

DESCRIPTION: CHANGES TO EXC 344 AND 335

STATUS: ANALYSIS IN PROCESS

REQUEST CONTROL NUMBER: 4808

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

THIS REGARDING DIAGNOSIS CODES STARTING WITH "E"

CURRENTLY THE MMIS IS POSTING EXCEPTION 344 (INVALID PRIMARY DIAGNOSIS CODE) ON THE FIRST AND SECOND DIAGNOSIS FIELDS FOR "J" (PHYSICIAN), "L" (EPSDT), AND "P" (MEDICAL VENDOR) CLAIM TYPES BECAUSE THE DIAGNOSIS IS NOT FOUND ON THE PDDD FILE. THIS EXCEPTION SHOULD ONLY FAIL WHEN THE FIRST DIAGNOSIS FIELD IS INVALID. PLEASE DELETE THE LOGIC TO THE SECOND DIAGNOSTIC CODE FIELD AND DO THE FOLLOWING:

MEDICAL CLAIMS

ADD CLAIMS TYPES "J", "L" AND "P'S" TO EXCEPTION 335 (SECONDARY DIAGNOSIS CODE NOT FOUND ON THE PDD FILE) HARD CODING (ATTACHED). BYPASS THIS EXCEPTION IF THE SECONDARY DIAGNOSIS CODE BEGINS WITH AN "E".

THIS WAS DISCUSSED WITH DARIN MORIN.

ADDENDUM AS OF APRIL 16, 2004 (SANDY A)

PLEASE MAKE THE FOLLOWING CHANGES TO EXCEPTION CODE 163 (MISSING DIAGNOSIS CODE):

WITH THE IMPLEMENTATION OF HIPAA, MMIS HAS NOW ADOPTED AN ADDITIONAL DIAGNOSIS FIELD ON THE HCFA 1500 FORMAT FOR J, P AND L CLAIM TYPES. WE CALL THIS ADDITIONAL FIELD THE SECONDARY DIAGNOSIS FIELD. EXCEPTION CODE 344 POSTS ON THE DETAIL LINE WHEN AN INVALID DIAGNOSIS WAS IN EITHER THE PRIMARY OR SECONDARY FIELD. THIS ORIGINAL CSR REQUESTED EXCEPTION CODE 344 TO POST ONLY ON THE PRIMARY DIAGNOSIS AND EXCEPTION CODE 345 POST ONLY ON THE SECONDARY DIAGNOSIS. IN THE PROCESS OF TESTING, IT WAS NOTED THAT IF THERE WAS NO DIAGNOSIS IN THE PRIMARY FIELD, BUT THERE WAS A DIAGNOSIS IN THE SECONDARY FIELD, EXCEPTION CODE 163 (MISSING DIAGNOSIS) DID NOT POST ON THE PRIMARY FIELD.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 309 RUN DATE 06/02/04

NUMBER - 4684 SUB BY- CATHIE OTT SUB FOR- SANDY ASBACH PAGE- 2
ENTERED-03/24/04 PRIORITY- EST-DAYS-000 REQD-
BEGIN-03/24/04 COMPLETE- CLOSE-
PLEASE UPDATE EXCEPTION CODE 163 TO POST IF THE PRIMARY DIAGNOSIS (1ST FIELD) IS BLANK, EVEN THOUGH THERE MAY BE A DIAGNOSIS CODE IN THE SECONDARY FIELD. DO NOT POST EXCEPTION CODE 163 IF THE SECONDARY DIAGNOSIS (2ND FIELD) IS BLANK AND THERE IS A DIAGNOSIS IN THE PRIMARY (1ST FIELD). DO NOT POST EXCEPTION CODE 163 IF BOTH FIELDS ARE BLANK. THIS HAS BEEN DISCUSSED WITH DARIN MORIN. SYSTEM SPECIFICATIONS:
03/24/04. ADDED - 269.
XX/XX/XX. UPDATED - 158.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 310 RUN DATE 06/02/04

CSR LOG

NUMBER - 4685 SUB BY- CATHIE OTT SUB FOR- MMIS SERVICES PAGE - 1

ENTERED-03/24/04 PRIORITY- EST-DAYS-000 REQD
BEGIN-03/24/04 COMPLETE-04/09/04 CLOSE-

DESCRIPTION: REMOVE LOGIC FOR EXCEPTION 1004

STATUS:

REQUEST CONTROL NUMBER: 4809

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

PLEASE RESCIND CSR 4451. REMOVE ALL LOGIC RELATED TO EXCEPTION 1004. THIS CSR IS ADVERSELY AFFECTING MANY OF MAA'S PROVIDERS FINANCIALLY.

THIS WAS DISCUSSED WITH DARIN MORIN.

PLEASE RESCIND CSR 4451. REMOVE ALL LOGIC RELATED TO EXCEPTION 1004. THIS CSR IS ADVERSELY AFFECTING MANY OF MAA'S PROVIDERS FINANCIALLY.

THIS WAS DISCUSSED WITH DARIN MORIN.

SYSTEM SPECIFICATIONS:

- O COMMENT OUT ALL LOGIC CONCERNING THE POSTING OF EXCEPTION 1004 IN BOTH BWPC3530 AND BWPC3550.
- O COMMENT OUT THE LOGIC IN BWSC3530 BWSC3550 BWOC0086 AND BWOC0087 THAT READS THE PDDD. THIS LOGIC PREVIOUSLY LOADED THE DUG MASTER FILE DATA THAT WOULD BE USED TO POST EXCEPTION 1004.
- O ALL WORKING STORAGE MEMBERS WERE LEFT IN BWWC3530 AND BWWC3550, THESE MEMBERS WILL NOT ADVERSELY AFFECT THE SYSTEM IN ANYWAY.
- O RECOMPILE PROGRAM BWSC3530 BWSC3550 BWOC0086 AND BWOC0087.

03/24/04. ADDED - 269.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 311 RUN DATE 06/02/04

NUMBER - 4685 SUB BY-	CATHIE OTT	SUB FOR- N	MMIS SERVICES	PAGE - 2
ENTERED-03/24/04	PRIORITY-	EST-DAYS-000)	REQD -
BEGIN-03/24/04 COMPLETE	-04/09/04 CLO	SE-		
03/30/04. UPDATE				

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 312 RUN DATE 06/02/04

CSR LOG

NUMBER - 4686 SUB BY- GERALD HUBBERT SUB FOR- MMIS SERVICES PAGE- 1

ENTERED-03/26/04 PRIORITY- EST-DAYS-000 REQD-

BEGIN-03/26/04 COMPLETE-04/16/04 CLOSE-

DESCRIPTION: CHANGES TO EXCEPTION 184

STATUS:

REQUEST CONTROL NUMBER: 4805

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

SCHOOL MEDICAL SERVICES PROVIDERS ARE INSTRUCTED TO SUBMIT THE ENCOUNTER PROCEDURE CODE T1018 WITH A BILLED AMOUNT OF \$0.00. THE ENCOUNTER UNITS ARE FOR IMPORMATIONAL USE ONLY AND NO REIMBURSEMENT IS APPLIED. THE T1018 SUBMISSION CODE IS CROSS WALKED TO PROCESSING CODE 0170S. THE PROCESSING PROCEDURE CODE 0170S COMBINED WITH A \$0.00 BILLED AMOUNT CAUSES THE 184 EXCEPTION TO POST AND AUTO DENY.

IN THE EXCEPTION CODE CROSS-REFERENCE FILE, EXCEPTION CODE 184, "MISSING LINE ITEM SUBMITTED CHARGE" READS AS FOLLOWS.

EXCEPTION WILL NOT POST IF:

- 1. PROCEDURE CODE IS T1015 WITH A POV SPEC CODE OF 90 AND THE CLAIM TYPE IS J (PHY) OR J (DENTAL).
- 2. LINE ITEM PROCEDURE CODE IS EQUAL TO "ZZZZZ".

PLEASE ADD:

3. PROCEDURE CODE IS 0170S.

THIS HAS BEEN DISCUSSED WITH DARIN MORIN.

SYSTEM SPECIFICATIONS:

TO COMPLETE THIS CSR THE FOLLOWING NEEDS TO BE DONE.

1. BWWC2050; ADD VALUE 0170S TO 88 LEVEL WK-996-MISSING-SUBM-CHRG.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 313 RUN DATE 06/02/04

		SUB FOR- MMIS SERVICES	
ENTERED-03/26/04	PRIORITY-	EST-DAYS-000	REQD-
	MPLETE-04/16/04 CLO	SE-	
2. RECOM	MPILE BWSC2050 AND BW	OC0034.	
03/26/04.	ADDED - 269.		
04/06/04.	UPDATED - 551.		

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 314 RUN DATE 06/02/04

CSR LOG

NUMBER - 4687 SUB B	Y- ALLON PETERMAN	SUB FOR- MMIS SERVICES	PAGE - 1
ENTERED-03/26/04	PRIORITY-	EST-DAYS-000	REQD-
BEGIN-03/26/04 COMPL	ETE- CLO	SE-	

DESCRIPTION: MODIFY PCCM FIELD ON EDI WEB

STATUS: ANALYSIS IN PROCESS
REQUEST CONTROL NUMBER: 4806

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

THIS IS REGARDING THE PCCM FIELD ("P" WILL EQUAL PCCM AND "C" WILL EQUAL CAPITATED). THIS WILL BE ON SCREEN "6" OF THE ELIGIBILITY FILE.

THIS HAS BEEN DISCUSSED WITH RANDY STAMP AND GORDON WELCH.

SYSTEM SPECIFICATIONS:

03/26/04. ADDED - 269.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 315 RUN DATE 06/02/04

CSR LOG

NUMBER - 4688 SUB BY-	ALLON PETERMAN	SUB FOR- MMIS SERVICES	PAGE - 1
ENTERED-03/26/04	PRIORITY-	EST-DAYS-000	REQD-
BEGIN-03/26/04 COMPLETE	E- CLO	SE-	

DESCRIPTION: DISPLAY HIC ON 271 EDI WEB

STATUS: ANALYSIS IN PROCESS
REQUEST CONTROL NUMBER: 4807

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

PLEASE DISPLAY THE HIC ON THE 271 INTERACTIVE RESPONSE.

THIS HAS BEEN DISCUSSED WITH RANDY STAMP AND GORDON WELCH.

SYSTEM SPECIFICATIONS:

03/26/04. ADDED - 269.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 316 RUN DATE 06/02/04

CSR LOG

NUMBER - 4689 SUB BY- KATHERIN BELLRO SUB FOR- CHRISTINE CHUML PAGE- 1

ENTERED-03/26/04 PRIORITY- EST-DAYS-000 REQD
BEGIN-03/26/04 COMPLETE-04/16/04 CLOSE-

DESCRIPTION: ADD MODIFER SG TO DUP CRITERIA

STATUS:

REQUEST CONTROL NUMBER: 4810

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

PLEASE MODIFY EXHIBIT "B" DUPLICATE CHECK CRITERIA FOR SECTION B LETTER C AS FOLLOWS:

PLEASE ADD MODIFIER "SG".

EXHIBIT B ATTACHED.

THIS HAS BEEN DISCUSSED WITH DON BOOGERD.

SYSTEM SPECIFICATIONS:

TO COMPLETE THIS CSR THE FOLLOWING NEEDS TO BE DONE.

- 1. BWMC4000; ADD THE VALUE "SG" TO 88 LEVELS WH-011-TABLE-MODIFIERS AND WH-011-RELATE-MODIFIERS.
- 2. RECOMPILE BWMC4000.

03/26/04. ADDED - 269.

04/07/04. UPDATED - 551.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 317 RUN DATE 06/02/04

CSR LOG

NUMBER - 4690 SUB BY- SANDY RICCOLO SUB FOR- MMIS SERVICES PAGE - 1

ENTERED-03/31/04 PRIORITY- EST-DAYS-000 REQD
BEGIN-03/31/04 COMPLETE-05/21/04 CLOSE-

DESCRIPTION: CHANGES TO EXCEPTION 169

STATUS:

REQUEST CONTROL NUMBER: 4803

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

PLEASE ADD THE FOLLOWING BOLD FACED CRITERIA TO EXCEPTION 169 (MODIFIER INVALID WITH PROCEDURE) TO ALLOW SPECIFIC PROCEDURE CODES TO BE BILLABLE WITH MODIFIER HX.

FOR FDOS 10/01/03 AND AFTER:

TYPE OF SERVICE "3" AND CLAIM TYPE "J" AND PROCEDURE CODE 0165M, T1015, 0384M, &/OR T1017.

A HIGHLIGHTED COPY OF THE EXCEPTION FROM THE COLD SYSTEM IS ATTACHED SHOWING WHERE THE ADDITIONS ARE TO BE MADE.

ALL OTHER CRITERIA FOR THIS EXCEPTION ARE TO REMAIN UNCHANGED.

THIS HAS BEEN DISCUSSED WITH DARIN MORIN.

ADDENDUM AS OF APRIL 23, 2004 (SANDRA RICCOLO):

PLEASE MAKE THE FOLLOWING CHANGES TO EXCEPTION 169 (MODIFIER INVALID WITH PROCEDURE CODE) FOR MODIFIERS HX (FUNDED BY COUNTY/LOCAL AGENCY) & SE (STATE &/OR FEDERALLY-FUNDED PROGRAM/SERVICES).

 ${\tt MODIFIER}$ HX - FOR FDOS 10/01/03 AND AFTER:

Type of Service "3" CLAIM Type "J" (PHYSICIAN) AND PROCEDURE CODES T1015, T1017 OR 0001M-9999M.

 ${\tt MODIFIER}$ SE - FOR FDOS 10/01/03 AND AFTER:

TYPE OF SERVICE "3" CLAIM TYPE "J" (PHYSICIAN) AND PROCEDURE CODES T1015, R1017 OR 0001M-9999M.

PLEASE SEE THE ATTACHED HIGHLIGHTED COPIES OF THE HARD-CODING SHOWING

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 318 RUN DATE 06/02/04

CSR LOG

NUMBER - 4690 SUB BY-	SANDY RICCOLO	SUB FOR- MMIS SERVICES	PAGE – 2
ENTERED-03/31/04	PRIORITY-	EST-DAYS-000	REQD -
BEGIN-03/31/04 COMPLET	E-05/21/04 CLO	SE-	

EXACTLY WHERE THE CHANGES ARE TO BE MADE. ALL OTHER CRITERIA ARE TO REMAIN UNCHANGED.

THIS HAS BEEN DISCUSSED WITH DARIN MORIN.

SYSTEM SPECIFICATIONS:

- O ADD THE VALUE '0384M' AND 'T1017' TO WK-156-HIPAA-PROC-MOD-HX IN BWWC2050.
- O RECOMPILE PROGRAM BWSC2050 AND BWOC0034.

THE FOLLOWING MODIFICATIONS MUST BE MADE TO MMIS DOCUMENTATION:

- O UPDATE THE CSR LOG WITH THE REQUIREMENTS ANALYSIS FOR CSR4690.
- O UPDATE THE EXCEPTION TABLE WITH THE NEWLY MODIFIED CRITERIA FOR EXCEPTION 169.

ADDENDUM AS OF APRIL 23, 2004 (SANDRA RICCOLO)

- O CREATE TWO NEW 88 LEVELS (WK-156-PROC-CODE-MOD-HX-ST-M AND WK-156-PROC-CODE-MOD- SE-ST-M) TO BWWC2050 TO HOLD THE VALUES 0001M 9999M.
- O REMOVED ANY VALUES THAT ENDED IN 'M' FROM THE FOLLOWING TWO 88 LEVELS; WK-156- HIPAA-PROC-MOD-HX AND WK-156-HIPAA-PROC-MOD-SE IN BWWC2050.
- O $\,$ ADDED LOCIC TO BWPC2050 TO BYPASS THE POSTING OF EXCEPTION 169 FOR THE ABOVE CRITERIA.
- O RECOMPILE PROGRAMS BWSC2050 AND BWOC0034.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 319 RUN DATE 06/02/04

		SUB FOR- MMIS SERVICES	
ENTERED-03/31/04	PRIORITY-	EST-DAYS-000	REQD -
BEGIN-03/31/04 0	COMPLETE-05/21/04 CLC	DSE-	
03/31/04.	ADDED - 269.		
05/10/04.	UPDATED - 158.		

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 320 RUN DATE 06/02/04

CSR LOG

NUMBER - 4691 SUB BY- KATHERIN BELLRO SUB FOR- CHRISTINE CHUML PAGE- 1

ENTERED-03/31/04 PRIORITY- EST-DAYS-000 REQD
BEGIN-03/31/04 COMPLETE-04/16/04 CLOSE-

DESCRIPTION: CHANGES TO EXCEPTION 649

STATUS:

REQUEST CONTROL NUMBER: 4811

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

PLEASE MODIFY THE LOGIC ON PROCEDURE CODE CROSS-REFERENCE FILE FOR EXCEPTION 649 "NON CERTIFIED DIETICIAN" UNDER SECTION C FOR MED VENDOR, CLAIM TYPE "P" AS FOLLOWS:

THE PROCEDURE CODE IS ONE OF THE FOLLOWING PLEASE ADD B4100 AND B4150-B4156.

EXCEPTION CODE CROSS REFERENCE ATTACHED.

THIS HAS BEEN DISCUSSED WITH DARIN MORIN.

SYSTEM SPECIFICATIONS:

TO COMPLETE THIS CSR THE FOLLOWING NEEDS TO BE DONE.

- 1. BWWC3520; ADDED 88 LEVEL WW-007-IS-MED-VEND-DIET-PROC CONTAIN-ING THE VALUES B4100 AND B4150 B4156.
- 2. BWPC3520; ADDED LOGIC IN SECTION S335-000-CHCK4-EXC649-MED-VEND TO CHECK THE NEW 88 LEVEL WW-007-IS-MED-VEND-DIET-PROC TO POST EXCEPTION 649 IF ONE THE PROCODES ARE PRESENT.
- 3. RECOMPILE BWSC3520 AND BWOC0085.

03/31/04. ADDED - 269.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 321 RUN DATE 06/02/04

NUMBER - 4691 SUB BY- KATHERIN BELLRO SUB FOR- CHRISTINE CHUML	PAGE - 2
ENTERED-03/31/04 PRIORITY- EST-DAYS-000	REQD-
BEGIN-03/31/04 COMPLETE-04/16/04 CLOSE-	
04/05/04. UPDATED - 551.	

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 322 RUN DATE 06/02/04

CSR LOG

NUMBER - 4692 SUB BY-	ALLON PETERMAN SUB FOR - MMIS SER	VICES PAGE - 1
ENTERED-03/31/04	PRIORITY- EST-DAYS-000	REQD -
BEGIN-03/31/04 COMPLET	E-04/23/04 CLOSE-	

DESCRIPTION: CHANGES TO EXCEPTION 252

STATUS:

REQUEST CONTROL NUMBER: 4812

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

PLEASE BYPASS EXCEPTION 252 (NOT ELIGIBLE FOR ALL DATES OF SERVICE) FOR ONLY NURSING HOMES WHEN THERE IS A "6" (NOT COVERED) IN THE ELIGIBILITY SEGMENT.

THIS HAS BEEN DISCUSSED WITH DON BOOGERD.

SYSTEM SPECIFICATIONS:

- O ADD LOGIC TO SECTION 8090-070-MED-LINE-ITEM-CHECK OF BWPC3020 TO BYPASS THE POSTING OF EXCEPTION 252, ON THOSE CLAIMS THAT MEET THE ABOVE CRITERIA.
- O RECOMPILE PROGRAM BWSC3020 AND BWOC0031.

03/31/04. ADDED - 269.

04/14/04. UPDATED - 158.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 323 RUN DATE 06/02/04

CSR LOG

NUMBER - 4693 SUB BY-	ALLON PETERMAN SUB FOR - MMIS	SERVICES PAGE - 1
ENTERED-03/31/04	PRIORITY- EST-DAYS-000	REQD-
BEGIN-03/31/04 COMPLETE	E- CLOSE-	

DESCRIPTION: MODIFY POS PLAN CODES

STATUS: AWAITING ANALYSIS

REQUEST CONTROL NUMBER: 4813

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

FOR TAKE CHARGE "G" CLIENTS PLUG 254 (PLAN ID) IN THE PLACE OF SERVICE PRIOR TO PLUGGING THE 255 (PLAN ID) FOR THE DUAL COVERAGE PLAN IN POINT OF SALE.

THIS HAS BEEN DISCUSSED WITH DON BOOGERD.

SYSTEM SPECIFICATIONS:

03/31/04. ADDED - 269.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 324 RUN DATE 06/02/04

CSR LOG

NUMBER - 4694 SUB BY- CATHIE OTT SUB FOR- MICHELLE SENN PAGE - 1

ENTERED-04/05/04 PRIORITY- EST-DAYS-000 REQD
BEGIN-04/05/04 COMPLETE-05/14/04 CLOSE-

DESCRIPTION: USE HOH CLID IN ASSIGNMENT PROC

STATUS:

REQUEST CONTROL NUMBER: 4798

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

INTENT OF CSR: TO CONNECT FAMILY MEMBERS DURING ASSIGNMENTS.

WHEN PROCESSING ASSIGNMENTS, PLEASE CONNECT FAMILY MEMBERS TO SAME PLAN USING THE HEAD OF HOUSEHOLD (HOH) CLIENT ID.

PLEASE DISCONTINUE USING CASE NUMBER TO MATCH FAMILY MEMBERS WHEN ASSIGNING CLIENTS TO SAME PLAN IN A HOUSEHOLD.

PLEASE BEGIN USING THE HEAD OF HOUSEHOLD (HOH) CLIENT ID TO MATCH FAMILY MEMBERS TO THE SAME PLAN WHEN PROCESSING ASSIGNMENTS. BY USING THE HOH CLIENT ID, THIS WILL ELIMINATE PROBLEMS ASSOCIATED WITH THE LEADING "0" VS "9" IN THE CASE NUMBER.

PLEASE MAKE THIS CHANGE EFFECTIVE WITH THE NEXT AVAILABLE ASSIGNMENT PERIOD - SCHEDULED FOR APRIL 15, 2004.

THIS HAS BEEN DISCUSSED WITH DON BOOGERD.

SYSTEM SPECIFICATIONS:

IN ORDER TO IMPLEMENT THIS CSR, THE FOLLOWING WILL NEED TO BE DONE:

- O CHANGE COPY MEMBER W1293000 TO INCLUDE THE CASE CLIENT ID AT THE END OF THE RECORD.
- O ADD LOGIC IN BWMQ1000 TO POPULATE THE CASE CLIENT ID IN W1293000.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 325 RUN DATE 06/02/04

NUMBER - 4694 SUB BY- CATHIE OTT SUB FOR- MICHELLE SENN	PAGE -	
ENTERED-04/05/04 PRIORITY- EST-DAYS-000	REQD-	
BEGIN-04/05/04 COMPLETE-05/14/04 CLOSE-		
O CHANGE THE SORT IN JOB BWHM1100 TO SORT BY CASE CLIENT	ID.	
O ADD LOGIC IN BWMQ1100 TO ASSIGN BY CASE CLIENT ID.		
04/05/04. ADDED - 269.		
05/14/04. UPDATED - 516.		

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 326 RUN DATE 06/02/04

CSR LOG

NUMBER - 4695 SUB BY- CATHIE OTT SUB FOR- MICHELLE SENN PAGE- 1

ENTERED-04/05/04 PRIORITY- EST-DAYS-000 REQD
BEGIN-04/05/04 COMPLETE-04/30/04 CLOSE-

DESCRIPTION: ADD FIELDS TO NEWLY ELIG FILE

STATUS:

REQUEST CONTROL NUMBER: 4799

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

INTENT OF CSR: TO ADD FIELDS TO THE DAILY ELIGIBLE FILE FOR MAILING.

PLEASE ADD THE FOLLOWING FIELDS TO THE NEWLY ELIGIBLE FILES EBIN 51 TAPEMAND FILE R2001R10 AND EBIN 51 TAPEVOLU FILE R2001R05.

PLEASE ADD TO THE END OF THE FILE:

REPLY DATE - 6 BYTES? EFFECTIVE DATE - 6 BYTES? PLAN NAME - MAXIMUM NUMBER OF CHARACTERS

PLEASE MAKE THESE CHANGES EFFECTIVE AS SOON AS POSSIBLE.

THIS HAS BEEN DISCUSSED WITH DON BOOGERD, AS PART OF THE ENROLLMENT SIMPLIFICATION PROJECT.

SYSTEM SPECIFICATIONS:

IN ORDER TO COMPLETE THIS CSR THE FOLLOWING CHANGES NEED TO BE MADE.

IN PROGRAM BWMR2001, THE FIELDS NEED TO BE ADDED TO THE EXTRACTS R2000R05 AND R2000R10.

THE NEW DATE FIELDS NEED TO BE INITIALIZED TO ZEROES AND THE $\,$ PLAN NAME FIELD NEEDS TO BE INITIALIZED TO SPACES.

CHANGES NEED TO BE MADE TO THE DCB IN THE JCL, WRCPDLYX, FROM LRECL=177 TO LRECL=223.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 327 RUN DATE 06/02/04

	PAGE -	2
ENTERED-04/05/04 PRIORITY- EST-DAYS-000	REQD-	
BEGIN-04/05/04 COMPLETE-04/30/04 CLOSE-		
DEGOVERN DANDOOM		
RECOMPILE BWMR2001.		
CREATE A MEMO AND SEND TO CATHIE OTT ATTACHING THE NEW LAYOUT THE EXTRACTS.	rs for	
04/05/04. ADDED - 269.		
04/28/04. UPDATED - 177.		

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 328 RUN DATE 06/02/04

CSR LOG

NUMBER - 4696 SUB BY-	SANDY ASBACH	SUB FOR- MMIS SERVICES	PAGE - 1
ENTERED-04/05/04	PRIORITY-	EST-DAYS-000	REQD -
BEGIN-04/05/04 COMPLET	E-05/21/04 CLO	SE-	

DESCRIPTION: CHANGES TO MCARE PROC CODE

STATUS:

REQUEST CONTROL NUMBER: 4802

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

CURRENTLY MEDICARE SENDS A CROSSOVER TAPE TO MEDICAID AND ACS, PER EXHIBIT D, CONNECTS PSYCHIATRIC PROCEDURES FOR MENTAL HEALTH TO MAA ASSIGNED STATE UNIQUE CODES FOR PROCESSING. THIS IS ALL DONE IN THE EMC PROCESSING PHASE, THUS THE STATE UNIQUE CODE THEN APPEARS ON BOTH BILLING AND PROCESS PAGES OF THE CLAIM. EXCEPTION 387 WAS CREATED TO AUTO DENY ALL BILLED STATE UNIQUE CODES AND THIS IS CAUSING ERRONEOUS DENIALS TO THE PROCEDURES AND THE STATE UNIQUE CODE IS APPEARING IN THE REMITTANCE ADVICES.

IN ORDER TO BE COMPLIANT WITH HIPAA REGULATIONS, PLEASE DO THE FOLLOWING:

- 1. PLEASE REMOVE THE CONVERSION TABLE, ON EXHIBIT D FOR TAPE CLAIMS, FOR MENTAL HEALTH LOCAL CODES AFTER THE LOCAL CODE CONVERSIONS ARE ADDED TO THE MMIS CROSSWALK. WHEN THE CROSSWALK IS TESTED AND COMPLETED, MMISS WILL NOTIFY ACS TO PROCEED WITH CHANGES TO EXHIBIT D.
- 2. PLEASE CREATE GROSS ADJUSTMENT AND REVERSE CROSSWALK SO THAT 908 SERIES CODES APPEAR AS BILLING CODES AND HAVE THE LOCAL CODES POPULATE THE PROCESSING CODE FIELDS. ALSO, BYPASS EXCEPTION CODE 387 FOR THIS PARTICULAR GROSS ADJUSTMENT.

THIS HAS BEEN DISCUSSED WITH DARIN MORIN.

SYSTEM SPECIFICATIONS:

IN ORDER TO COMPLETE THIS CSR THE FOLLOWING WILL NEED TO BE DONE.

1. TAKE OUT THE TABLE THAT CROSSWALKS THE CODES FROM PROGRAMS BWMC1001, BWMC1003, AND BWMC1004.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 329 RUN DATE 06/02/04

CSR LOG

NUMBER - 4696 SUB BY-	SANDY ASBACH	SUB FOR- MMIS SERVICES	PAGE - 2
ENTERED-04/05/04	PRIORITY-	EST-DAYS-000	REQD-
BEGIN-04/05/04 COMPLET	E-05/21/04 CLO	SE-	

- 2. USE A SYSTEM UTILITY TO PULL ALL CLAIMS DENIED WITH $\,$ EXCEPTION 387.
- 3. USE A SYSTEM UTILITY TO "REVERSE" THE CROSSWALK ON THESE CLAIMS AND SEND THEM BACK THROUGH THE ADJUDICATION PROCESS TO BE REASSIGNED.
- 4. RECOMPILE BWMC1001, BWMC1003, AND BWMC1004.

04/05/04. ADDED - 269.

04/09/04. UPDATED - 177.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 330 RUN DATE 06/02/04

CSR LOG

NUMBER - 4697 SUB BY- CATHIE OTT SUB FOR- TOM KERN PAGE- 1

ENTERED-04/05/04 PRIORITY- EST-DAYS-000 REQD
BEGIN-04/05/04 COMPLETE-04/16/04 CLOSE-

DESCRIPTION: GROUP HEALTH RECOUPMENT EXTRACT

STATUS:

REQUEST CONTROL NUMBER: 4814

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

MAA IS CURRENTLY IN A SSI CONTRACT DISPUTE WITH GROUP HEALTH. AS PART OF THE LAWSUIT, WE HAVE BEEN ASKED TO GENERATE DATA ON THE HISTORY OF CAPITATED AND SUPPLEMENTAL PREMIUM PAYMENTS MADE TO GROUP HEALTH CO-OPERATIVE AND GROUP HEALTH NORTHWEST FOR THE PERIOD OF JANUARY 1, 1992 THROUGH DECEMBER 31, 2000. GROUP HEALTH ASKED THAT WE INCLUDE DATA FOR PREMIUMS THAT HAVE BEEN RECOUPED (CREDITED) DURING THIS TIME PERIOD IN ADDITION TO THOSE PREMIUMS THAT HAVE BEEN PAID. WE SUBMITTED CSR 3964 IN FEBRUARY 2002 WHICH ACS COMPLETED; HOWEVER THERE WERE NO RECOUPMENTS APPEARING FOR CALENDAR YEARS 1999 AND 2000 ON THE FILE AND THE EARLIER YEARS SHOWED A SMALL NUMBER OF RECOUPMENTS. BECAUSE A TIME LAG FACTOR IN REPORTING MAY HAVE BEEN A CAUSE IN THE UNDERREPORTING OF RECOUPMENTS IN THE INITIAL DATA EXTRACTION, WE ARE REQUESTING DATA FOR PREMIUMS THAT HAVE BEEN RECOUPED DURING THE TIME PERIOD OF JANUARY 1996 THROUGH DECEMBER 2000

WE ARE ASKING THAT ACS PROVIDE US WITH A FILE THAT INCLUDES ONLY PREMIUMS THAT HAD BEEN RECOUPED WITH FIRST DATES OF SERVICE DURING THIS TIME PERIOD. FOR EXAMPLE, IF A PREMIUM WAS PAID AND THEN CREDITED OUT WITH NO FURTHER ACTION, THEN THE CREDIT RECORD FOR THAT PREMIUM WOULD APPEAR ON THE FILE (DO NOT INCLUDE THE ORIGINAL PREMIUM). FOR THE TIME PERIOD PLEASE EXTRACT CLAIMS FROM THE MMIS WITH THE FOLLOWING PROCEDURE CODES: 0350M,0351M, 0357M,0365M,0366M,0367M AND 0368M.

THE BILLING PROVIDER NUMBERS THAT WE WANT TO INCLUDE ARE AS FOLLOWS:

7500002	7500796	7501646	7502610
7500036	7500879	7501653	7590086
7500176	7500887	7501661	7590110
7500184	7500895	7501679	7590185
7500192	7500897	7501687	7590318
7500333	7500903	7501695	7590326
7500572	7501018	7501703	7590441

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 331 RUN DATE 06/02/04

CSR LOG

NUMBER - 4697 SUB BY- CATHIE OTT SUB FOR- TOM KERN PAGE- 2

ENTERED-04/05/04 PRIORITY- EST-DAYS-000 REQD
BEGIN-04/05/04 COMPLETE-04/16/04 CLOSE-

 7500606
 7501067
 7501711
 7590698

 7500705
 7501273
 7502156
 7593890

 7500762
 7501638
 7502602

THE DATA ELEMENTS FROM THE PREMIUM RECORDS THAT WE NEED TO INCLUDE IN THE OUTPUT FILE RECORDS ARE AS FOLLOWS:

ORIGINAL-RECIP-ID (PIC)
TRANS-CONTROL-NUM (TCN)
PROV-NUMBER (BILLING)
PEFF-PRESC-ATT-PROV
MATCH-CODE
PROGRAM-CODE
MEDICAL-CODE
PROC-CODE (PREMIUM)
FIRST-DATE-OF-SERVICE
LAST-DATE-OF-SERVICE
ALLOWED-CHARGE (LINE LEVEL)
LI-SUBMITTED-CHARGE
REIMBURSEMENT-AMOUNT (LINE LEVEL)

THESE DATA ELEMENTS ARE ON THE EXTENDED DATA BASE (EDB) CLAIMS FILE. WE WOULD LIKE THE DATA ELEMENTS TO BE IN THE SAME FORMAT AS ON THE EDB. PLEASE NOTE THAT THE RECIP-COUNTY-CODE (CSO) IS A PACKED DATA FIELD.

PLEASE OUTPUT THE FILE TO EXTRACT 63 ON THE EDB SIDE. PLEASE NOTIFY TOM KERN WHEN THIS HAS BEEN COMPLETED.

WE WOULD LIKE TO HAVE THIS COMPLETED BY APRIL 16, 2004.

SYSTEM SPECIFICATIONS:

IN ORDER TO IMPLEMENT THIS CSR, THE FOLLOWING WILL NEED TO BE DONE:

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 332 RUN DATE 06/02/04

CSR LOG

NUMBER - 4697 SUB BY-	CATHIE OTT	SUB FOR- TOM KERN	PAGE - 3
ENTERED-04/05/04	PRIORITY-	EST-DAYS-000	REQD –
BEGIN-04/05/04 COMPLET	E-04/16/04 CLO	SE-	

- O CREATE A SPECIAL UTILITY WHICH WILL PULL ALL PREMIUM CLAIMS FOR THE PROVIDERS SPECIFIED.
- O FILTER THE ABOVE FILE AND KEEP ONLY CLAIMS WITH AN ACCOUNTING CODE OF B, D, H, OR J AND ANY CREDIT CLAIM WHERE THE ADJUSTMENT WAS DENIED.
- O RUN THE FILTERED FILE THROUGH PROGRAM BWMM1770 TO CREATE THE EXTRACT.

04/05/04. ADDED - 269.

04/16/04. UPDATED - 516.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 333 RUN DATE 06/02/04

CSR LOG

NUMBER - 4698 SUB BY- ALLON PETERMAN SUB FOR- NORMA LEAVITT PAGE- 1

ENTERED-04/05/04 PRIORITY- EST-DAYS-000 REQD
BEGIN-04/05/04 COMPLETE-04/23/04 CLOSE-

DESCRIPTION: MONTHLY TPL INTER UPDATE

STATUS:

REQUEST CONTROL NUMBER: 4815

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

IN ORDER TO REDUCE MANUAL DUAL KEYING OF TPL DATA PRIOR TO PCOP/HMO CUTOFF, MAA IS REQUESTING THAT ACS UPDATE THE VERIFIED SEGMENTS FROM THE TPL INTERMEDIATE FILE (17 SCREEN) INTO THE RECIPIENT MASTER FILE (9 SCREEN) ON THE NIGHT PRIOR TO HMO CUTOFF. THIS WILL BE A SPECIAL MONTHLY RUN IN ADDITION TO THE CUREENT WEEKLY UPDATE PROCESS.

WE WOULD LIKE TO HAVE THIS COMPLETED BY APRIL 22, 2004.

THIS HAS BEEN DISCUSSED WITH DON BOOGERD.

SYSTEM SPECIFICATIONS:

IN ORDER TO IMPLEMENT THIS CSR, THE FOLLOWING WILL NEED TO BE DONE:

- O ADD A NEW TASK IN ZEKE WHICH WILL RUN BWTW1200 ONE DAY BEFORE RUNHMOM.
- O CREATE A NEW JOB BWHM010S.

THE FOLLOWING MODIFICATIONS MUST BE MADE TO MMIS DOCUMENTATION:

O CREATE A NEW RUNSHEET RUNHMOU.

04/05/04. ADDED - 269.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 334 RUN DATE 06/02/04

		SUB FOR- NORMA LEAVITT	
ENTERED-04/05/04	PRIORITY-		REQD-
BEGIN-04/05/04	COMPLETE-04/23/04 CLO	SE-	
	UPDATED - 516.		

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 335 RUN DATE 06/02/04

NUMBER - 4699 SUB BY- J	JLIE HEATH		VICES PAGE - 1
ENTERED-04/05/04	PRIORITY-	EST-DAYS-000	REQD -
BEGIN-04/05/04 COMPLETE-	04/30/04 CI		
DESCRIPTION: MULT			
DESCRIPTION: MOLI	IOOIH NUMBER	CS ON LINE	
STATUS:			
REQUEST CONTROL N	UMBER: 4816		
DESCRIPTION OF RE	QUEST: Y2K I	MPACT: MAA: NO CONS	ULTEC: NO
WHEN DENTAL PROVI	DERS BILL MU	ULTIPLE TOOTH NUMBERS	ON THE SAME LINE,
THEY ALSO NEED TO	BE ABLE TO	BILL MULTIPLE UNITS O	N THAT LINE.
TO ACCOMMODATE TH	ESE HIDAA CC	MPLIANT BILLINGS, WE	HAVE CHANGED THE
		"N" TO "Y" ON THE FOL	
TN ODDED TO MONTE	OD	TIPLE UNITS ARE BEING	DILLED GODDEGELV
		O POST IF THE NUMBER	
OF TOOTH NUMBERS			
D1351		D2950	
D2110		D3220	
D2120		D3310	
D2130		D3320	
D2140		D3330	
D2150		D3346	
D2160		D3347	
D2161		D3348	
D2330		D3351	
D2331		D3352	
D2332		D3410	
D2335		D3421	
D2336		D3425	
D2380		D3950	
D2381		D5520	
D2382		D5640	
D2385		D5650	
D2386		D5660	
D2387		D7110	
D2388		D7120	
D2390		D7130	

							SERVICES		
NTERED	-04/05/0	4	PRIORITY-	EST-D	AYS-0	0.0		REQD-	-
EGIN-0	4/05/04	COMPLET	E-04/30/04	CLOSE-					
	D2391			D7140					
	D2392			D7210					
	D2393			D7220					
	D2394			D7230					
	D2710			D7240					
	D2740			D7241					
	D2750			D7250					
	D2751			D7270					
	D2752			D7280					
	D2910			ABCD CO	DES				
	D2920			4482D					
	D2930			4484D					
	D2931			4486D					
	D2933			4490D					
				4491D					
				4492D					
				4501D 4503D					
				4503D 4505D					
				45050					
	THE FOI	TOWING DI	OCEDIIDE COL	EC CAN HA	VE MII	ודם דייו	E QUADRANTS	OD ADCHES	
							ND NUMBER QU		
			THE SAME:	THE NORD	DIC OIV	110 111	ND NORDER QU	ibidiivib oit	
	D1510			D5510					
	D1510 D1515			D5610					
	D1515 D1550			D5610 D5620					
	D1330 D4210			D5620					
	D4210			D5860					
	D4341			D9951					
	THIS HA	S BEEN D	ISCUSSED WIT	H DARIN M	ORIN.				
	ADDENDU	M AS OF A	APRIL 28, 20	04					
	RE: PAR	RAGRAPH 3	FROM ABOVE.						
	IN ORDE	R TO MON	TOR THAT MU	JLTIPLE UN	ITS A	RE BE	ING BILLED C	ORRECTLY,	

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 337 RUN DATE 06/02/04

CSR LOG

NUMBER - 4699 SUB BY-	JULIE HEATH	SUB FOR- MMIS SERVICES	PAGE - 3
ENTERED-04/05/04	PRIORITY-	EST-DAYS-000	REQD –
BEGIN-04/05/04 COMPLET	E-04/30/04 CLO	SE-	

PLEASE ESTABLISH A NEW EDIT TO POST OF THE NUMBER OF UNITS AND NUMBER OF TOOTH NUMBERS ARE NOT THE SAME.

THIS HAS BEEN DISCUSSED WITH DARIN MORIN.

SYSTEM SPECIFICATIONS:

TO COMPLETE THIS CSR THE FOLLOWING NEEDS TO BE DONE.

- 1. BWWC3550; ADDED 01 LEVEL WH-551-MULTI-TOOTH. ADDED NEW 88 LEVELS CONTAINING THE VALUES LISTED ABOVE WH-551-PROC-MULTI-TOOTH AND WH-551-PROC-MULTI-QUAD.
- 2. BWPC3550; ADDED LOGIC IN SECTION S810 TO MOVE PROC CODE AND CHECK IF IT IS ONE OF THE ABOVE, THEN TO PERFORM NULL SECTIONS TO COUNT THE NUMBER OF TEETH PER LINE OR QUADS TO BE USED TO CHECK TO SEE IF NEW EXCEPTIONS ARE POSTED OR NOT.
- 3. RECOMPILE BWSC3550 AND BWOC0086.

04/05/04. ADDED - 269.

04/21/04. UPDATED - 551.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 338
RUN DATE 06/02/04

CSR LOG

NUMBER - 4700 SUB BY- CATHIE OTT SUB FOR- SANDRA RICILLO PAGE- 1

ENTERED-04/05/04 PRIORITY- EST-DAYS-000 REQD
BEGIN-04/05/04 COMPLETE-04/23/04 CLOSE-

DESCRIPTION: CHANGES TO FOHC REPORT

STATUS:

REQUEST CONTROL NUMBER: 4820

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

MARY WENDT WOULD LIKE THE FOLLOWING CHANGES TO THE NEW FQHC GREEN-BAR REPORT (REPORT #BWMC9757-R001) RETROACTIVE BACK TO DATES OF SERVICE 10/01/04 AND AFTER.

- 1.) CREATE A NEW "TC" INDICATOR IN THE EXISTING "STATE ONLY" COLUMN TO IDENTIFY TAKE CHARGE CLIENTS.
- 2.) DO NOT COUNT THE ENCOUNTER FOR TC CLIENTS IN THE ENCOUNTER TOTALS.
- 3.) DO NOT DEDUCT THE FEE-FOR-SERVICE DOLLARS ON THE ENCOUNTER PAYMENT.
- 4.) CREATE A LINE AT THE BOTTOM OF THE REPORT TO INDICATE A TOTAL OF TC CLIENT'S ENCOUNTERS (LIKE THE "STATE ONLY" CURRENTLY DOES).
- 5.) ALSO, CREATE ANOTHER LINE AT THE BOTTOM OF THE REPORT TO INDICATE A FEE-FOR-SERVICE DOLLAR TOTAL FOR THE TC CLIENT'S CLAIMS.

PLEASE SEE THE HIGHLIGHTED FQHC GREEN-BAR COPY ATTACHMENT WITH THE NECESSARY CHANGES.

THIS HAS BEEN DISCUSSED WITH DARIN MORIN.

SYSTEM SPECIFICATIONS:

TO COMPLETE THIS CSR THE FOLLOWING NEEDS TO BE DONE.

1. BWMC9757; COPY EXISTING LOGIC FROM BWMC9755 TO MARK THE TAKE CHARGE CLIENTS IN THE SAME WAY A STATE ONLY CLIENT IS MARKED, ADD LOGIC TO COUNT TC ENCOUNTERS IN THERE OWN BUCK AND TO NOT

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 339 RUN DATE 06/02/04

NUMBER - 4700 SUB BY- CATHIE OTT	SUB FOR- SANDRA RICILLO	PAGE - 2
NTERED-04/05/04 PRIORITY	- EST-DAYS-000	REQD-
EGIN-04/05/04 COMPLETE-04/23/04	CLOSE-	
ADD THE FFS DOLLARS.		
2. RECOMPILE BWMC9757.		
04/05/04. ADDED - 269.		
04/12/04. UPDATED - 551.		

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 340 RUN DATE 06/02/04

CSR LOG

NUMBER - 4701 SUB BY- CHRISTINE CHUML SUB FOR- MMIS SERVICES PAGE- 1

ENTERED-04/07/04 PRIORITY- EST-DAYS-000 REQD-

BEGIN-04/07/04 COMPLETE-04/23/04 CLOSE-

DESCRIPTION: USE T2023 FOR PCCM PREMIUM

STATUS:

REQUEST CONTROL NUMBER: 4821

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

WHEN GENERATING THE PCCM PREMIUM PAYMENTS, CREATE THE CLAIMS WITH T2023 AS THE SUBMITTED PROCEDURE AND WITH 0352M AS THE PROCESSING PROCEDURE.

THIS IS TO FACILITATE THE PLACEMENT OF THE HIPAA COMPLIANT NATIONAL CODE ON THE RA THAT IS SENT TO THE PROVIDER.

THIS HAS BEEN DISCUSSED WITH DON BOOGERD.

SYSTEM SPECIFICATIONS:

IN ORDER TO COMPLETE THIS CSR THE FOLLOWING CHANGES WILL BE MADE.

IN PROGRAM BWMH7000 THE LOGIC WILL BE MODIFIED TO ASSIGN T2023 TO THE SUBMITTED PROCEDURE CODE BUT CONTINUE TO ASSIGN 0352M AS THE PROCEDURE CODE

RECOMPILE BWMH7000.

04/07/04. ADDED - 550.

04/12/04. UPDATED - 177.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 341 RUN DATE 06/02/04

CSR LOG

NUMBER - 4702 SUB BY-	CATHIE OTT	SUB FOR- MICHELLE SENN	PAGE - 1
ENTERED-04/07/04	PRIORITY-	EST-DAYS-000	REQD -
BEGIN-04/07/04 COMPLET	E-04/09/04 CLC	 SE-	

DESCRIPTION: ADD FIELDS TO R2001R10 R2001R05

STATUS:

REQUEST CONTROL NUMBER: 4823

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

PLEASE ADD THE FOLLOWING FIELDS TO THE NEWLY ELIGIBLE FILES EBIN 51 TAPEMAND FILE R2001R10 AND EBIN 51 TAPEVOLU FILE R2001R05.

PLEASE ADD TO THE END OF THE FILE:

REPLY DATE - 6 BYTES ? EFFECTIVE DATE - 6 BYTES? PLAN NAME - MAXIMUM NUMBER OF CHARACTERS

PLEASE MAKE THESE CHANGES EFFECTIVE AS SOON AS POSSIBLE.

THIS HAS BEEN DISCUSSED WITH DON BOOGERD.

SYSTEM SPECIFICATIONS:

DUPLICATE OF CSR4695

04/07/04. ADDED - 550.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 342 RUN DATE 06/02/04

CSR LOG

NUMBER - 4703 SUB BY- CHRISTINE CHUML SUB FOR- MMIS SERVICES PAGE- 1

ENTERED-04/09/04 PRIORITY- EST-DAYS-000 REQD
BEGIN-04/09/04 COMPLETE-04/23/04 CLOSE-

BEGIN-04/09/04 COMPLEIE-04/23/04 CLOSE-

DESCRIPTION: AUGMENT RECIP DATA ON EXC 290

STATUS:

REQUEST CONTROL NUMBER: 4818

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

WHEN EXCEPTION 290 IS POSTING, PLEASE AUGMENT ALL RECIPIENT DATA FROM THE CLIENT ELIGIBILITY FILE BASED ON THE FIRST DATE OF SERVICE ON THE CLAIM.

THIS HAS BEEN DISCUSSED WITH DON BOOGERD.

SYSTEM SPECIFICATIONS:

TO COMPLETE THIS CSR THE FOLLOWING NEEDS TO BE DONE.

- 1. BWPC3020; CHANGE THE GO TO S090-999-EXIT TO S090-080-EXTRACT-ELIG-DATA TO AUGMENT THE RECIEPIENT DATA BY THE FIRST DATE OF SERVICE.
- 2. RECOMPILE BWSC3020 AND BWOC0031.

04/09/04. ADDED - 269.

04/19/04. UPDATED 551.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 343 RUN DATE 06/02/04

CSR LOG

NUMBER - 4704 SUB BY-	CATHIE OTT	SUB FOR- BARB HANSEN	PAGE - 1
ENTERED-04/09/04	PRIORITY-	EST-DAYS-000	REQD-
BEGIN-04/09/04 COMPLET	E-05/21/04 CLC	 SE-	

DESCRIPTION: CHANGES TO EXCEPTION 855

STATUS:

REQUEST CONTROL NUMBER: 4819

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

CLAIMS PROCESSING IS CURRENTLY FORCING EXCEPTION CODE 855 WHEN CODE 609 (609 IS AN AUTO-DENY) POSTS IN LOCATION 89 (ADJUSTMENT CLAIMS) FOR J AND L HARD COPY CLAIMS. PLEASE BYPASS EXCEPTION 855 WHEN THIS CONDITION OCCURS.

THIS HAS BEEN DISCUSSED WITH DON BOOGERD.

SYSTEM SPECIFICATIONS:

- O ADD LOGIC TO SECTION S090-SET-DISP-CODES OF BWMC5000 TO BYPASS THE POSTING OF EXCEPTION 855 FOR THE ABOVE CRITERIA.
- O RECOMPILE PROGRAM BWMC5000.

04/09/04. ADDED - 269.

04/21/04. UPDATED - 158.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 344 RUN DATE 06/02/04

CSR LOG

NUMBER - 4705 SUB BY-	CATHIE OTT	SUB FOR- CHANDRA MOSS	PAGE - 1
ENTERED-04/09/04	PRIORITY-	EST-DAYS-000	REQD-
DECIN_04/04 COMDIETE 04/22/04 CLOSE			

DESCRIPTION: SEND PROV LTC FILE TO ACES DLY

STATUS:

REQUEST CONTROL NUMBER: 4824

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

CHANDRA MOSS IS REQUESTING THE PROVIDER CHARGE LTC FILE (BWMP8600) BE TRANSFERRED ELECTRONICALLY FROM ACS TO ACES MONDAY THROUGH FRIDAY.

THIS HAS BEEN DISCUSSED WITH DON SILVER.

SYSTEM SPECIFICATIONS:

- O CHANGED JOB BWACELTC IN RUNTPLW AND RUNTPLM TO ONLY PROCESS THE THE TPL FILE (I.E. DELETED THE PROV-CHG-LTC PROCESSING), AND RENAMED IT TO BWACETPL. ADDED THE TRANSMIT STEP FOR THE TPL FILE TO IT.
- O REMOVED JOB BWTWTRN# FROM RUNTPLW AND RUNTPLM.
- O $\,$ ADDED A NEW RUNACED TO RUN JOB BWACELTC MON THRU FRI TO CREATE AND TRANSMIT THE PROV-CHG-LTC FILE.

04/09/04. ADDED - 269.

05/04/04. UPDATED - 032.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 345 RUN DATE 06/02/04

CSR LOG

NUMBER - 4706 SUB BY-	CATHIE OTT	SUB FOR- MMIS SERVICES	B PAGE - 1
ENTERED-04/12/04	PRIORITY-	EST-DAYS-000	REQD-
BEGIN-04/12/04 COMPLETE	E-05/07/04 CLO	SE-	

DESCRIPTION: CMS DRUG DISCOUNT CARD FILE

STATUS:

REQUEST CONTROL NUMBER: 4822

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

THE CMS DRUG DISCOUNT CARD FILE (TEST FILE GENERATED PER CSR 4591) FOR JANUARY 2004) MUST BE GENERATED ON A MONTHLY BASIS. THE MONTHLY FILE SHOULD BE SENT TO RANDY ROBINSON AT EBIN 12 - RANDY WILL SUPPORT THE DIRECT/CONNECT TRANSMISSION OF THE DATA TO CMS. PLEASE GENERATE A MONTHLY FILE ACCORDING TO THE TECHNICAL SPECIFICATIONS USED FOR THE TEST FILE. DATA IS DUE TO CMS BETWEEN THE FIRST AND TENTH OF EACH MONTH.

THE MONTHLY FILE SHOULD CONTAIN ONE MONTH OF THE MOST RECENT DATA. THE DATA FILE INCLUDES RECORDS FOR WASHINGTON'S DUAL ELIGIBLES WHO WERE ELIGIBLE FOR MEDICAID PRESCRIPTION DRUG COVERAGE DURING THAT MONTH. DUAL ELIGIBLE CLIENTS TO BE INCLUDED IN THIS FILE SHOULD BE IDENTIFIED AS FOLLOWS:

PROGRAM CODE=ALL
MEDICAL ELIGIBILITY CODE=1.5.7.OR

MEDICAL ELIGIBILITY CODE=1,5,7,OR 8 MATCH CODE DOES NOT=D,K,E OR W

PLEASE NOTE THAT THE TEST FILE WAS MISSING THE 7-BYTE FILLER AT THE END OF EACH RECORD. (THE FILLER WAS ADDED BY MAA/ISD, RESUBMITTED TO CMS AND SUBSEQUENTLY PASSED CMS FORMAT CHECK). WHEN GENERATING THE MONTHLY FILE, PLEASE ASSURE THAT THE FILE IS ADDED TO EACH RECORD.

PLEASE CONTACT CATHY OTT IF THERE ARE ANY QUESTIONS.

SYSTEM SPECIFICATIONS:

IN ORDER TO IMPLEMENT THIS CSR, THE FOLLOWING WILL NEED TO BE DONE:

O CREATE A NEW JOB BWMC239D WHICH WILL CONTAIN THE STEPS

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 346 RUN DATE 06/02/04

NUMBER - 4706 SUB BY- CATHIE OTT SUB FOR- MMIS SERVICES PAGE- 2 ENTERED-04/12/04 PRIORITY- EST-DAYS-000 REQD- BEGIN-04/12/04 COMPLETE-05/07/04 CLOSE- NECESSARY TO CREATE THE REQUESTED EXTRACT. THE FOLLOWING MODIFICATIONS MUST BE MADE TO MMIS DOCUMENTATION: O ADD JOB BWMC239D TO RUNSHEET RUN2390. 04/12/04. ADDED - 269. 05/06/04. UPDATED - 516.		
NUMBER - 4706 SUB BY- CATHIE OTT SUB FOR- MMIS SERVICES PAGE - 2 ENTERED-04/12/04 PRIORITY- EST-DAYS-000 REQD- BEGIN-04/12/04 COMPLETE-05/07/04 CLOSE- NECESSARY TO CREATE THE REQUESTED EXTRACT. THE FOLLOWING MODIFICATIONS MUST BE MADE TO MMIS DOCUMENTATION: O ADD JOB BWMC239D TO RUNSHEET RUN2390. 04/12/04. ADDED - 269.		
ENTERED-04/12/04 PRIORITY- EST-DAYS-000 REQD- BEGIN-04/12/04 COMPLETE-05/07/04 CLOSE- NECESSARY TO CREATE THE REQUESTED EXTRACT. THE FOLLOWING MODIFICATIONS MUST BE MADE TO MMIS DOCUMENTATION: O ADD JOB BWMC239D TO RUNSHEET RUN2390. 04/12/04. ADDED - 269.	NUMBER - 4706 SUB BY- CATHIE OTT SUB FOR- MMIS SERVICES	PAGE - 2
BEGIN-04/12/04 COMPLETE-05/07/04 CLOSE- NECESSARY TO CREATE THE REQUESTED EXTRACT. THE FOLLOWING MODIFICATIONS MUST BE MADE TO MMIS DOCUMENTATION: O ADD JOB BWMC239D TO RUNSHEET RUN2390. 04/12/04. ADDED - 269.	ENTERED-04/12/04 PRIORITY- EST-DAYS-000	REQD-
NECESSARY TO CREATE THE REQUESTED EXTRACT. THE FOLLOWING MODIFICATIONS MUST BE MADE TO MMIS DOCUMENTATION: O ADD JOB BWMC239D TO RUNSHEET RUN2390. 04/12/04. ADDED - 269.	BEGIN-04/12/04 COMPLETE-05/07/04 CLOSE-	
THE FOLLOWING MODIFICATIONS MUST BE MADE TO MMIS DOCUMENTATION: O ADD JOB BWMC239D TO RUNSHEET RUN2390. 04/12/04. ADDED - 269.		
O ADD JOB BWMC239D TO RUNSHEET RUN2390. 04/12/04. ADDED - 269.	NECESSARY TO CREATE THE REQUESTED EXTRACT.	
04/12/04. ADDED - 269.	THE FOLLOWING MODIFICATIONS MUST BE MADE TO MMIS DOCUMENT.	ATION:
	O ADD JOB BWMC239D TO RUNSHEET RUN2390.	
05/06/04. UPDATED - 516.	04/12/04. ADDED - 269.	
05/06/04. UPDATED - 516.		
	05/06/04. UPDATED - 516.	

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 347 RUN DATE 06/02/04

CSR LOG

NUMBER - 4707 SUB BY-	ALLON PETERMAN SUB FOR- MMIS	PAGE - 1
ENTERED-04/13/04	PRIORITY- EST-DAYS-000	REQD -
BEGIN-04/13/04 COMPLET	E-04/16/04 CLOSE-	

DESCRIPTION: AD HOC EXCEPTION CONTROL RPT

STATUS:

REQUEST CONTROL NUMBER: 4829

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

PLEASE DO A ONE TIME AD HOC REPORT OF THE EXCEPTION CONTROL FILE WHERE ONLY THE EXCEPTION NUMBER AND INFORMATION IN THE FOUR LINE ARE PRINTED.

THIS WAS DISCUSSED WITH DARIN MORIN.

SYSTEM SPECIFICATIONS:

USING A SYSTEM UTILITY CREATE A REPORT OF LONG DESCRIPTION FOR FOR USED EXCEPTIONS.

04/13/04. ADDED - 550.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 348 RUN DATE 06/02/04

CSR LOG

NUMBER - 4708 SUB BY	- PATTY ORTH	SUB FOR- MMIS SERVICES	PAGE – 1
ENTERED-04/14/04	PRIORITY-	EST-DAYS-000	REQD -
BEGIN-04/14/04 COMPLE	TE-05/28/04 CL	OSE-	

DESCRIPTION: DISPLAY DEA NUMBER ON DRUG CLM

STATUS:

REQUEST CONTROL NUMBER: 4825

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

FOR PRESCRIPTION DRUG CLAIM TYPE D, PLEASE DISPLAY THE DEA NUMBER IN THE PRESC-PHYS FIELD IF THE PRESC-PHYS-PROV-NUM IS EQUAL TO ZERO.

THIS HAS BEEN DISCUSSED WITH DARIN MORIN.

SYSTEM SPECIFICATIONS:

- O ADDED THREE NEW HOLD AREAS (WH-000-HOLD-NUMERIC-PROV WH-000-HOLD-NUMERIC-PROV1 AND WH-000-FORMAT-PROV-NUM) TO BWOC0038.
- O MODIFIED THE VALUE OF WK-000-PRESC-PHYS FORM +677 TO +675 IN BWOC0038.
- O ADDED LOGIC TO SECTION S070-000-LOAD-SCREEN-FROM-RECD OF BWOC0038 WHICH WILL NOW MOVE THE DEA NUMBER TO THE PRESC-PHYS FIELD ONLINE IF THE PRESC-PHYS- PROV-NUM IS EQUAL TO ZEROS ON THE CLAIM.
- O MODIFIED WL-900-PRESC-PHYS IN BWV0381D TO NOW BE DEFINED AS A PIC X(09) INSTEAD OF A PIC X(07).
- O CHANGED THE LENGTH OF BWV0381-PHYS-NUM IN BWC0381 FROM 007 TO 009. ALSO CHANGED THE STARTING LOCATION OF THE FIELD FROM 09,037 TO 09,035.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 349 RUN DATE 06/02/04

		SUB FOR- MMIS SERVICES	
ENTERED-04/14/04	PRIORITY-	EST-DAYS-000	REQD-
BEGIN-04/14/04 COMPLETE	-05/28/04 CL		
04/14/04. ADDED			
05/12/04. UPDATE	o - 158.		

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 350 RUN DATE 06/02/04

CSR LOG

NUMBER - 4709 SUB BY- SANDY ASBACH SUB FOR- MMIS SERVICES PAGE- 1

ENTERED-04/14/04 PRIORITY-2 EST-DAYS-000 REQD
BEGIN-04/14/04 COMPLETE- CLOSE-

DESCRIPTION: PHYSICIAN TRAUMA CLAIM CHANGES

STATUS: COMPLETE THIS WEEK

REQUEST CONTROL NUMBER: 4826

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

IN ORDER TO CORRECTLY IDENTIFY TRAUMA DOLLARS USED EACH MONTH, AND FOR FUTURE FUNDING, IT IS NECESSARY TO ACCURATELY REPORT CLAIMS WHERE TRAUMA ENHANCEMENT HAS BEEN APPLIED. PLEASE MAKE THE FOLLOWING BOLDED CHANGES TO CSR #3918 (SEE ATTACHED) FOR PHYSICIAN (J) CLAIMS ONLY.

IF PHYSICIAN CLAIM (J) HAS A MODIFIER "ST" ON AT LEAST ONE DETAIL LINE AND THE TRAUMA ENHANCEMENT PRICING HAS BEEN APPLIED BY THE SYSTEM OR THE MODIFIER "ST" IS ON THE DETAIL LINE AND THE DETAIL LINE HAS BEEN MANUALLY PRICED OR THE ALLOWED SOURCE INDICATOR IS "A" AND AT LEAST ONE DETAIL LINE IS IN PAY STATUS, PLACE INFO EOB 0428 IN THE HEADER EOB FIELD. THIS SHOULD OVERRIDE ANY MANUAL EOB'S. IF THE DETAIL LINE GOES TO DENY STATUS, REMOVE THE EOB 0428, UNLESS THERE ARE OTHER DETAIL LINES ON THE CLAIM THAT IS IN PAY STATUS, THEN RETAIN EOB 0428.

SEE ATTACHED SAMPLE CLAIM INDICATING DENY STATUS AND THE INFO EOB 0428 HAS BEEN RETAINED. THIS RETAINED EOB WILL ALLOW THE CLAIM TO INACCURATELY APPEAR ON THE TRAUMA ENHANCEMENT DOLLAR REPORT.

THIS HAS BEEN DISCUSSED WITH DARIN MORIN.

DDENDUM AS OF APRIL 23, 2004 (SANDY ASBACH)

LEASE ADD THE FOLLOWING TRAUMA PRICING MODIFIERS TO ST MODIFIER

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 351 RUN DATE 06/02/04

UMBER - 4709 SUB BY- SANDY ASBACH		PAGE - 2
	EST-DAYS-000	REQD -
GIN-04/14/04 COMPLETE- CLO	OSE-	
RITERIA IN THIS CSR:		
3, U4, U5, U6.		
SYSTEM SPECIFICATIONS:		
04/14/04. ADDED - 269.		

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 352 RUN DATE 06/02/04

CSR LOG

NUMBER - 4710 SUB BY- CATHIE OTT SUB FOR- MONTE JOHNSON PAGE- 1

ENTERED-04/14/04 PRIORITY- EST-DAYS-000 REQD
BEGIN-04/14/04 COMPLETE-04/30/04 CLOSE-

DESCRIPTION: ACCOUNT CODE CHANGES

STATUS:

REQUEST CONTROL NUMBER: 4827

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

ADOPTION MEDICAL - INDIAN HEALTH

UPDATE THE MMIS ACCOUNT CODE ASSIGNMENT MANUAL AS FOLLOWS, SECTION I CHAPTER 2 PAGE 25

ADD NEW ROUTINE WITH ADDITIONAL QUALIFIER OF SUB-SUB-OBJECT = NB-M740

AND MAP TO NEW TABLE A-2

SECTION I CHAPTER 3 NEW PAGE 3

ADD NEW TABLE A-2

SYSTEM SPECIFICATIONS:

IN ORDER TO COMPLETE THIS CSR THE FOLLOWING CHANGES WILL BE MADE.

IN PROGRAM BWSC5050 - THE REQUESTED ROUTINE WILL BE ADDED TO SECTION 1, CHAPTER 2, PAGE 25 FOR ADOPTION MEDICAL PAYMENTS - INDIAN HEALTH.

IN COPY MEMBER WT312050 - A TABLE WILL BE MODIFIED TO POINT TO THE ASSIGNED TABLE FOR WT314050.

IN COPY MEMBER WT314050 - A NEW TABLE WILL BE ADDED TO SECTION 1, CHAPTER 3, PAGE 3 TO ASSIGN THE PROGRAM INDEX AND ALLOCATION.

RECOMPILE BWSC5050.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 353 RUN DATE 06/02/04

NUMBER - 4710 SUB BY- CATHIE OTT	SUB FOR- MONTE JOHNSON	PAGE - 2
ENTERED-04/14/04 PRIORITY-	EST-DAYS-000	REQD-
BEGIN-04/14/04 COMPLETE-04/30/04 CL		
04/14/04. ADDED - 269.		
04/26/04. UPDATED - 177.		
		I
		ı
		'

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 354 RUN DATE 06/02/04

CSR LOG

NUMBER - 4711 SUB BY- ALLON PETERMAN SUB FOR- JONELL BLATT PAGE- 1

ENTERED-04/16/04 PRIORITY- EST-DAYS-000 REQD
BEGIN-04/16/04 COMPLETE- CLOSE-

DESCRIPTION: DAILY PRIOR AUTH EXTRACT

STATUS: AWAITING ANALYSIS

REQUEST CONTROL NUMBER: 4828

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

JONELL BLATT AND TAIK LEE ARE WORKING ON PROJECT (DAILY DMM ASCI DATA FILE FOR NEW PRIOR AUTH DATA DOCUMENT) AND NEED ASSISTANCE FROM ACS.

ON A DAILY BASIS:

- * COPY ALL THE FIELD INFORMATION, FOR ALL UPDATES AND NEW AUTHORI-ZATIONS FROM THE AUTHORIZATION SCREEN, PAGE ONE, FOR AUTHORIZATION NUMBERS 800100000 THROUGH 899900000.
- * PLEASE EBIN THE FILE TO TAIK LEE.
- * FIXED LENGTH IS PREFERRED.

THIS HAS BEEN DISCUSSED WITH DON BOOGERD.

SYSTEM SPECIFICATIONS:

04/16/04. ADDED - 269.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 355 RUN DATE 06/02/04

CSR LOG

NUMBER - 4712 SUB BY- JULIE HEATH SUB FOR- WENDY SHORT PAGE- 1

ENTERED-04/16/04 PRIORITY- EST-DAYS-000 REQD
BEGIN-04/16/04 COMPLETE-05/28/04 CLOSE-

DESCRIPTION: NEW PRIOR AUTH RECEIVED REPORT

STATUS:

REQUEST CONTROL NUMBER: 4830

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

PLEASE PRODUCE A NEW MONTHLY REPORT FOR AUTHORIZATIONS IN "R" RECEIVED STATUS OVER 30 DAYS.

THE CRITERIA FOR THE NEW REPORT SHOULD BE THE SAME AS REPORT #BWMA1300-R004 (PENDING AUTHORIZATIONS OVER 30 DAYS - M) WITH THE EXCEPTION OF THE STATUS WHICH WILL BE R-RECEIVED.

A COPY OF BWMA1300-R004 IS ATTACHED.

THIS HAS BEEN DISCUSSED WITH DARIN MORIN.

SYSTEM SPECIFICATIONS:

IN ORDER TO COMPLETE THIS CSR THE FOLLOWING WILL NEED TO BE DONE.

IN PROGRAM BWMA1200 - CODE WILL BE ADDED TO S100-020 TO CREATE EXTRACT RECORDS WITH THE "R" CRITERIA AND ASSIGN IT R007 FOR USE IN PROGRAM BWMA1300 REPORT GENERATOR.

IN PROGRAM BWMA1300 - CODE WILL BE ADDED TO CREATE THE NEW REPORT WITH THE NAME OF BWMA1300-R007 (RECEIVED AUTHORIZATIONS OVER 30 DAYS - R).

RECOMPILE BWMA1200 AND BWMA1300.

CREATE NEW REPORT DOCUMENTATION AND TRANSFER TO THE SERVER.

MAKE CHANGES TO JCL BWAM1200 TO ADD NEW REPORT TO BWMA1300 AND JCL BWMASPLT TO CREATE HARDCOPIES OF REPORT.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 356 RUN DATE 06/02/04

	PAGE -	2
ENTERED-04/16/04 PRIORITY- EST-DAYS-000	REQD-	
BEGIN-04/16/04 COMPLETE-05/28/04 CLOSE-		
MAKE CHANGES TO RUNSHEET RUNPAMN TO ADD NEW REPORT TO THE ODISTRIBUTION LIST.	UTPUT	
04/16/04. ADDED - 269.		
05/11/04. UPDATED - 177.		

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 357 RUN DATE 06/02/04

CSR LOG

NUMBER - 4713 SUB BY	- JULIE HEATH	SUB FOR- MMIS SERVICES	PAGE - 1
ENTERED-04/16/04	PRIORITY-	EST-DAYS-000	REQD-
BEGIN-04/16/04 COMPLE	TE- CLC)SE-	

DESCRIPTION: NEW TAKE CHARGE PROV HOLD REV

STATUS: ONLINE TESTING

REQUEST CONTROL NUMBER: 4831

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

IN ORDER TO BE ABLE TO MORE QUICKLY ADD NEW TAKE CHARGE PROVIDERS TO BYPASS EXCEPTION 877 (NON TAKE CHARGE PROVIDERS), PLEASE ESTABLISH A NEW PROVIDER HOLD TYPE FOR PAGE 2 OF THE PROVIDER MASTER FILE. THIS WILL INDICATE THAT THE PROVIDER IS A TAKE CHARGE PROVIDER. THIS WILL REPLACE THE FIRST "D" IN THE EXCEPTION CROSS REFERENCE OF EXCEPTION 877. ALL OTHER PROGRAMMING OF EXCEPTION 877 SHOULD REMAIN THE SAME.

THIS HAS BEEN DISCUSSED WITH DARIN MORIN.

SYSTEM SPECIFICATIONS:

- O REMOVED THE LOGIC IN SECTION S196-000-CHECK4-TAKECHRG-PROV OF BWPC3520 WHICH SEARCHES THE TAKE CHARGE PROVIDER TABLE (WT317050) AND BYPASSES THE POSTING OF EXCEPTION 877.
- O ADDED LOGIC TO SECTION \$196-000-CHECK4-TAKECHRG-PROV OF BWPC3520 TO PERFORM SECTION \$225-000-FND-TAKE-CHRG-PRV. ALSO ADDED LOGIC TO BYPASS THE POSTING OF EXCEPTION 877 IF THE HOLD REVIEW INDICATOR SWITCH HAS BEEN SET TO ON IS SECTION \$225-000-FND-TAKE-CHRG-PRV.
- O ADDED SECTION S225-000-FND-TAKE-CHRG-PRV TO BWPC3520 WHICH WILL SPIN THE PROVIDERS HOLD AND REVIEW DATA CHECKING FOR A TAKE CHARGE INDICATOR FOR THE DATES OF SERVICE ON THE CLAIM.
- O ADDED A NEW SWITCH (WS-000-TAKE-CHRG-PROV-SW) TO BWWC3520.
- O ADDED A NEW HOLD AREA (WH-000-SPIN-HOLD-REV-DATA) WHICH WILL BE USED AS THE INDEX FOR SECTION S225-000-FND-TAKE-CHRG-PRV.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 358 RUN DATE 06/02/04

CSR LOG

NUMBER - 4713 SUB BY- JULIE HEAT	H SUB FOR- MMIS SERVICES	PAGE - 2
ENTERED-04/16/04 PRIORITY	- EST-DAYS-000	REQD-
BEGIN-04/16/04 COMPLETE-	CLOSE-	
O ADDED LOGIC TO BWOP05	35 TO ALLOW THE USER TO ENTR	ER A TAKE

- CHARGE PROVIDER HOLD AND REVIEW INDICATOR ON PAGE 2 OF THE PROVIDER MASTER FILE ONLINE.
- O ADDED A NEW ADD SYSTEM VALUE (B TAKE-CHARGE-PROV) TO DED02808.
- O RECOMPILE PROGRAMS BWSC3520 BWOC0085 BWOP0535 BWSC3510 BWSC2020 BWOC0036 BWSC2050 BWOC0034 BWSC2060 BWO0039 BWSC2070 BWOC0047 BWSC2090 AND BWOC0100.

04/16/04. ADDED - 269.

06/01/04. UPDATED - 158.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 359 RUN DATE 06/02/04

CSR LOG

NUMBER - 4714 SUB BY- ALLON PETERMAN SUB FOR- NORMA LEAVITT PAGE- 1

ENTERED-04/16/04 PRIORITY- EST-DAYS-000 REQD
BEGIN-04/16/04 COMPLETE-05/28/04 CLOSE-

DESCRIPTION: HEALTHY OPTIONS TRANSITION REPT

STATUS:

REQUEST CONTROL NUMBER: 4832

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

FOR THE HEALTHY OPTIONS TRANSITION PLEASE FIND ALL CLIENTS WHO HAVE CURRENT MEDICALD ELIGIBILITY, THAT HAVE A TPL EXEMPTION TYPE "4" ON THE PCOP SEGMENT OF SCREEN 6, AND ALSO HAVE A TPL CURRENT (999999) SCREEN WITH THE FOLLOWING CARRIER CODES:
MD07, MD14, MD01, H109, MS13, H112, BC01, PL24 AND HM03.

PLEASE CREATE A ONE TIME REPORT LISTING FIRST ALL CLIENTS ON A "S" PROGRAM AND THEN ALL REMAINING CLIENTS BY CLIENT AGE AND SEX (FEMALES FIRST), LISTING FAMILY MEMBERS TOGETHER.

THE REPORT SHOULD INCLUDE CLIENT PIC, HOH CLIENT ID, CLIENT NAME, INSURANCE CARRIER CODE, INSURANCE COMPANY PHONE NUMBER, SUBSCRIBER NAME, AND SUBSCRIBER SSN.

WE WOULD LIKE TO HAVE THIS REPORT BY MAY 31, 2004.

PLEASE SEND THIS REPORT ATTENTION NORMA LEAVITT, BIN 13.

THIS HAS BEEN DISCUSSED WITH DON BOOGERD.

SYSTEM SPECIFICATIONS:

IN ORDER TO COMPLETE THIS CSR THE FOLLOWING WILL NEED TO BE DONE.

O CREATE A NEW PROGRAM BWCS4714 WHICH WILL CREATE AN EXTRACT OF CLIENTS THAT MEET THE HAVE CURRENT PCOP TYPE '4' AND HAVE A CURRENT OPEN TPL SEGMENT WITH CARRIER (MD07, MD14, MD01, H109,

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 360 RUN DATE 06/02/04

NUMBER - 4714 SUB BY- ALLON PETERMAN SUB FOR- NORMA LEAVITT PAGE- 2
ENTERED-04/16/04 PRIORITY- EST-DAYS-000 REQD-
BEGIN-04/16/04 COMPLETE-05/28/04 CLOSE-
MS13, HI12, BC01, PL24, OR HM03).
O CREATE A SPECIAL UTILITY WHICH WILL READ IN THE ABOVE EXTRACT AND CREATE A REPORT.
04/16/04. ADDED - 269.
05/26/04. UPDATED - 516.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 361 RUN DATE 06/02/04

CSR LOG

NUMBER - 4715 SUB BY- CATHIE OTT	SUB FOR- RICHARD FISHER	PAGE - 1
ENTERED-04/21/04 PRIORITY	- EST-DAYS-000	REQD -
BEGIN-04/21/04 COMPLETE-04/30/04	CLOSE-	
DESCRIPTION: DISC WORKSHEET:	S - LOC 27 38 85	
STATUS:		
REQUEST CONTROL NUMBER: 48	35	

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

REQUEST TO HAVE FLAT SHEETS TURNED OFF FOR LOCATIONS 27 (M), 38 (R, S, M), AND 85 (M).

SYSTEM SPECIFICATIONS:

ADD LOGIC TO BWMC6500 TO STOP PRINTING REQUESTED LOCATIONS.

04/21/04. ADDED - 550.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 362 RUN DATE 06/02/04

CSR LOG

NUMBER - 4716 SUB BY- SANDRA RICCOLO SUB FOR- KEVIN COLLINS PAGE- 1

ENTERED-04/21/04 PRIORITY- EST-DAYS-000 REQD
BEGIN-04/21/04 COMPLETE-05/21/04 CLOSE-

DESCRIPTION: ADD PROV TO FOHC DATA EXTRACT

STATUS:

REQUEST CONTROL NUMBER: 4833

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

PLEASE ADD PROVIDER NUMBERS 7058423 AND 7118276 TO THE EXISTING LIST OF PROVIDER NUMBERS DETAILED ON THE MONTHLY ELECTRONIC FQHC GREEN-BAR DATA EXTRACT DISKS.

THE ELECTRONIC REPORTS WERE ORIGINALLY CREATED FOR MARY WENDT ON CSR 4075 AND ITS ADDENDUMS BY ALLON PETERMAN IN 2002. THE PAPER REPORTS THAT THE DISKS ARE GENERATED FROM ARE TITLED BWMC9755-R001 AND BWMC9757-R001. THE DISKS ARE LABELED FOHCPROV.ZIP AND FOHCPROV2.ZIP.

WE WOULD LIKE TO HAVE THIS COMPLETED BY MAY 21, 2004.

THIS HAS BEEN DISCUSSED WITH DARIN MORIN.

ADDENDUM AS OF MAY 13, 2004 (SANDRA RICCOLO):

PLEASE REMOVE PROVIDER NUMBER 7038423 FROM THE EXISTING LIST OF PROVIDER NUMBERS DETAILED ON THE MONTHLY ELECTRONIC FQHC GREEN-BAR DATA EXTRACT DISK. THIS NUMBER HAS NOT BEEN ISSUED TO ANY PROVIDER.

THIS HAS BEEN DISCUSSED WITH DARIN MORIN.

SYSTEM SPECIFICATIONS:

TO COMPLETE THIS CSR THE FOLLOWING NEEDS TO BE DONE.

- 1. BWMC9755; ADDED 2 NEW FD'S C9755S2-FQHC-EXTRACT AND C9755S3-FQHC-EXTRACT, AND LOGIC IN S350 TO WRITE THE RECORDS FOR THE NEW PROVIDERS.
- 2. BWMC9757; ADDED 2 NEW FD'S C9755S2-FQHC-EXTRACT AND

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 363 RUN DATE 06/02/04

CSR LOG
NUMBER - 4716 SUB BY- SANDRA RICCOLO SUB FOR- KEVIN COLLINS PAGE- 2
ENTERED-04/21/04 PRIORITY- EST-DAYS-000 REQD-
BEGIN-04/21/04 COMPLETE-05/21/04 CLOSE-
C9755S3-FQHC-EXTRACT, AND LOGIC IN S350 TO WRITE THE RECORDS FOR THE NEW PROVIDERS.
3. BWCHHSTO; MAKE NECESSARY JCL CHANGES TO CREATE AND FTP THE NEW FILES.
4. RECOMPILE BWMC9755 AND BWMC9757.
04/21/04. ADDED - 550.
05/05/04. UPDATED - 551.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 364 RUN DATE 06/02/04

CSR LOG

				_
NUMBER - 4717 SUB BY-	CATHIE OTT	SUB FOR- BARBARA HANSEN	PAGE - 1	_
ENTERED-04/21/04	PRIORITY-	EST-DAYS-000	REQD -	_
BEGIN-04/21/04 COMPLETE	- CLC	 OSE-		_

DESCRIPTION: CHANGES TO EXCEPTION 855

STATUS: IN PROCESS

REQUEST CONTROL NUMBER: 4834

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

CURRENTLY "J" AND "L" ADJUSTMENT CLAIMS CAN BE DENIED AT HEADER LEVEL. AFTER THE CLAIM CYCLES IT COULD POST A SECOND AUTO DENY EXCEPTION THAT CAUSES EXCEPTION 855 (ADJUSTMENT HAS AUTO DENY) TO POST IN A SUPER SUSPEND STATUS THAT MUST BE REVIEWED AND FORCED. THIS SAME SITUATION HAPPENS AT LINE LEVEL. THIS CAUSES THE EXAMINER UNNECESSARY WORK AND THE CLAIM TO DELAY IN PROCESSING.

EXAMPLES ARE ATTACHED.

PLEASE HAVE THE MMIS NOT POST EXCEPTION 855 WHEN THE ABOVE SITUATIONS ARE PRESENT.

THIS HAS BEEN DISCUSSED WITH DON BOOGERD AND DARIN MORIN.

SYSTEM SPECIFICATIONS:

04/21/04. ADDED - 550.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 365 RUN DATE 06/02/04

CSR LOG

NUMBER - 4718 SUB BY- SANDY ASBACH SUB FOR- MMIS SERVICES PAGE - 1

ENTERED-04/26/04 PRIORITY-1 EST-DAYS-000 REQD
BEGIN-04/26/04 COMPLETE- CLOSE-

DESCRIPTION: MODIFIER 78 PRICING CHANGES

STATUS: ONLINE TESTING

REQUEST CONTROL NUMBER: 4836

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

CURRENTLY, WHEN MODIFIER 78 (RETURN TO THE OPERATING ROOM FOR A RELATED PROCEDURE) IS BILLED WITH A SURGICAL PROCEDURE 10000 THROUGH 69999, THE SYSTEM LOOKS AT THE PDDD FILE TO SEE IF THERE IS A TYPE B SEGMENT FOR INTRA-OPERATIVE WITH AN ALLOWABLE PERCENTAGE. IF THERE IS, THE PROCEDURE IS PRICED AT A PERCENT OF THE GLOBAL PROCEDURE (TYPE F OR N) INDICATED ON THE PDDD FILE. IF THERE IS NOT A TYPE B SEGMENT FOR INTRA-OPERATIVE, EXCEPTION CODE 378 (UMABLE TO PRICE FOR THIS DOS) SUSPENDS FOR MANUAL PRICE. CURRENTLY EXCEPTION CODE 378 IS SET TO AUTO DENY, THUS THE DETAIL LINE ON THE CLAIM IS DENYING INAPPROPRIATELY.

PLEASE MAKE THE FOLLOWING UPDATES TO THE SYSTEM WHERE MODIFIER 78 IS CONCERNED. IF THERE IS A TYPE B SEGMENT FOR INTRA-OPERATIVE ON THE PDDD FILE, CONTINUE TO PRICE THE DETAIL LINE AT THE APPROPRIATE PERCENTAGE OF THE GLOBAL FEE (TYPE F OR N) PER CSR # 3368 (ATTACHED). IF THERE IS NO TYPE B SEGMENT FOR INTRA-OPERATIVE ON THE PDDD FILE, PRICE THE DETAIL LINE AT 80% OF THE GLOBAL FEE (TYPE F OR N) ON THE PDDD FILE.

CSR #3368 WAS SUBMITTED WHEN SITE OF SERVICE DIFFERENTIAL WAS IMPLEMENTED AT MAA.

THIS HAS BEEN DISCUSSED WITH DARIN MORIN.

ADDENDUM AS OF MAY 14, 2004 (SANDY ASBACH)

THIS ADDENDUM WILL REPLACE THE ABOVE REQUEST ENTIRELY PER PHONE CALL TO DARIN MORIN ON 05/14/04.

CURRENTLY, WHEN MODIFIERS 54, 55, 56, AND 78 ARE BILLED, PER CSR #3368 FOR SITE OF SERVICE (ATTACHED), THE SYSTEM LOOKS AT THE PDDD FILE, TO SEE IF THERE IS A TYPE A, B OR C SEGMENT FOR THE DATE OF SERVICE. IF THERE IS, THE PROCEDURE IS PRICED AT A PERCENT OF THE GLOBAL PROCEDURE (TYPE F, N, OR 3) INDICATED ON THE PDDD FILE. IF

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 366 RUN DATE 06/02/04

CSR LOG

NUMBER - 4718 SUB BY-	- SANDY ASBACH	SUB FOR- MMIS SERVICES	PAGE - 2
ENTERED-04/26/04	PRIORITY-1	EST-DAYS-000	REQD -
BEGIN-04/26/04 COMPLET	re- CLC)SE-	

THERE IS NO TYPE A, B OR C SEGMENT FOR PRE/INTRA/POST-OP, EXCEPTION 378 (UNABLE TO PRICE FOR THIS DOS) SUSPENDS FOR MANUAL PRICE. CURRENT-LY EXCEPTION CODE 378 IS SET TO AUTO DENY, THUS THE DETAIL LINE ON THE CLAIM IS DENYING INAPPROPRIATELY.

PLEASE MAKE THE FOLLOWING UPDATES TO THE SYSTEM WHERE MODIFIER 54, 55, 56, AND 78 ARE CONCERNED. IF THERE IS A TYPE A, B OR C SEGMENT FOR PRE/INTRA/POST-OP ON THE PDDD FILE, CONTINUE TO PRICE THE DETAIL LINE AT THE APPROPRIATE PERCENTAGE OF THE GLOBAL FEE (TYPE F, N, OR 3) FOR THE DOS PER CSR #3368 (ATTACHED). IF THERE IS NO TYPE A, B, OR C SEGMENT FOR PRE/INTRA/POST-OP ON THE PDDD FILE, PRICE THE DETAIL LINE AT 10% OF THE GLOBAL FEE (TYPE F, N OR 3) FOR MODIFIERS 55 AND 56, AND 80% OF THE GLOBAL FEE (TYPE F, N OR 3) FOR MODIFIER 54 AND 78.

CSR #3368 AND THE ADDENDUM WERE SUBMITTED WHEN THE SITE OF SERVICE DIFFERENTIAL WAS IMPLEMENTED.

THIS HAS BEEN DISCUSSED WITH DARIN MORIN.

SYSTEM SPECIFICATIONS:

- O ADDED LOGIC TO SECTION S500-500-OPER-PERC-CUTS OF BWPC3550 TO ALLOW THOSE LINES WITH THE ABOVE SPECIFIED MODIFIERS TO BYPASS THE POSTING OF EXCEPTION 378 AND PRICE AT THE RATES ESTABLISHED ABOVE.
- O ADDED LOGIC TO SECTION S500-555-PRICE-MOD-PERCENT OF BWPC3550 TO PRICE MODIFIERS 54 AND 78 AT 80% OF THE GLOBAL CHARGE.
- O ADDED LOGIC TO SECTION S500-555-PRICE-MOD-PERCENT OF BWPC3550 TO PRICE MODIFIERS 55 AND 56 AT 10% OF THE GLOBAL CHARGE.
- O RECOMPILE PROGRAMS BWSC3550 AND BWOC0086.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 367 RUN DATE 06/02/04

CSR LOG

			SUB FOR- MMIS SERVICES	
ENTERED-04/26/04		PRIORITY-1	EST-DAYS-000	REQD-
BEGIN-04/26/04	COMPLETE-	CLO	 DSE-	
04/26/04.				
05/26/04.	UPDATED	- 158.		

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 368 RUN DATE 06/02/04

CSR LOG

NUMBER - 4719 SUB BY-	GERALD HUBBERT	SUB FOR- MMIS SERVICES	PAGE - 1
ENTERED-04/26/04	PRIORITY-	EST-DAYS-000	REQD -
BEGIN-04/26/04 COMPLETE	- CLO	SE-	

DESCRIPTION: BYPASS EXCEPTION 261 CRITERIA

STATUS: AWAITING ANALYSIS

REQUEST CONTROL NUMBER: 4837

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

PREGNANCY TERMINATIONS THAT MEET SPECIFIC PROCEDURE CODE AND DIAGNOSIS CRITERIA BYPASS THE 261 EXCEPTION. MAA POLICY IS TO PAY THE PREGNANCY TERMINATION PROCEDURE AND ANY RELATED PROCEDURES PERFORMED ON THE SAME DATE OF SERVICE. THE FOLLOWING CHANGES WILL NEED TO BE MADE TO THE 261 BYPASS TO ALLOW CLAIMS TO PROCESS ACCORDING TO POLICY.

THE 261 EXCEPTION CODE CROSS-REFERENCE STATES IN "BYPASS WHEN" 1).B6:

BYPASS WHEN

В6.

"PROCEDURE CODE IS 59812-29866, 5915M, OR 01964

AND

DIAGNOSIS IS: 635-639.9 OR V61.7

AND

PROCEDURE CODE MODIFIER G7 DOES NOT APPEAR ON THE CLAIM"

PLEASE ADD"

IF ALL OF THE ABOVE ARE TRUE, THEN BYPASS 261 FOR ALL OTHER PROCEDURE CODES ON CLAIM FOR SAME DATE OF SERVICE.

THIS HAS BEEN DISCUSSED WITH DARIN MORIN.

SYSTEM SPECIFICATIONS:

04/26/04. ADDED - 269.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 369 RUN DATE 06/02/04

CSR LOG		
NUMBER - 4720 SUB BY- CATHIE OTT SUB FOR- RICHARD FISHER		
ENTERED-04/26/04 PRIORITY- EST-DAYS-000	REQD-	
BEGIN-04/26/04 COMPLETE-04/30/04 CLOSE-		
DESCRIPTION: DISC WORKSHEETS FOR LOC 09 W		
REQUEST CONTROL NUMBER: 4838		
DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO		
REQUEST TO HAVE FLAT SHEETS TURNED OFF FOR LOC 9 (W'S)		
SYSTEM SPECIFICATIONS:		
ADD LOGIC TO BWMC6500 TO STOP PRINTING REQUESTED LOCATIONS.		
04/26/04. ADDED - 269.		

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 370 RUN DATE 06/02/04

CSR LOG

NUMBER - 4721 SUB BY-	CATHIE OTT	SUB FOR- MARK TERJESON	PAGE - 1
ENTERED-04/26/04	PRIORITY-	EST-DAYS-000	REQD-
BEGIN-04/26/04 COMPLET	E- CLC)SE-	
DESCRIPTION: COP	IES OF MSIS DAT	ra files	
STATUS: COMPLETE	THIS WEEK		

REQUEST CONTROL NUMBER: 4839

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

PLEASE PROVIDE DSHS/MAA WITH THE FOLLOWING DATA:

- 1) MSIS DATA SUBMISSIONS FOR THE MOST RECENT 8 QUARTERS. PLEASE INCLUDE ELIG, IP, LT, RX AND OT WHERE AVAILABLE FOR THIS TIME-FRAME. PLEASE CONVERT DATA FOR PC USE AND TRANSMIT TO EBIN26.
- 2) PLEASE PROVIDE ONGOING COPIES OF MSIS DATA AS IT IS SUBMITTED QUARTERLY, INCLUDING ELIG, IP, LT, RX AND OT. PLEASE CONVERT DATA FOR PC USE AND TRANSMIT TO EBIN26.

SYSTEM SPECIFICATIONS:

04/26/04. ADDED - 269.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 371 RUN DATE 06/02/04

CSR LOG

 NUMBER - 4722
 SUB BY- PATTY ORTH
 SUB FOR- CONNIE RIDDLE
 PAGE - 1

 ENTERED-04/26/04
 PRIORITY- EST-DAYS-000
 REQD-05/20/04

 BEGIN-04/26/04
 COMPLETE-05/21/04
 CLOSE

DESCRIPTION: PHYSICIAN DRUG REBATE INVOICE

STATUS:

REQUEST CONTROL NUMBER: 4840

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

PLEASE CREATE A PROCESS TO INVOICE PHYSICIAN DRUG REBATE RECORDS WHEN THERE IS NO EXISTING INVOICE GENERATED DURING THE DRUG REBATE PROCESS.

PLEASE IMPLEMENT THIS PROCESS PRIOR TO RUNNING 1004 INVOICES.

THIS HAS BEEN DISCUSSED WITH DON BOOGERD, BRIAN MILLER AND DARIN MORIN.

SYSTEM SPECIFICATIONS:

IN ORDER TO IMPLEMENT THIS CSR, THE FOLLOWING WILL NEED TO BE DONE:

O ADD LOGIC IN S810-000 OF PROGRAM BWMQ4000 TO SPIN THROUGH THE CMS TABLE AND ADD ANY RECORD THAT HAD NO CURRENT LABELER RECORD TO THE END OF THE' FILE.

04/26/04. ADDED - 269.

05/24/04. UPDATED - 516.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 372 RUN DATE 06/02/04

CSR LOG

NUMBER - 4723 SUB BY-	CATHIE OTT	SUB FOR- MONTE JOHNSON	PAGE - 1
ENTERED-04/26/04	PRIORITY-	EST-DAYS-000	REQD -
BEGIN-04/26/04 COMPLET	E-05/14/04 CLC	 DSE-	

DESCRIPTION: ACCOUNT CODE CHANGES

STATUS:

REQUEST CONTROL NUMBER: 4842

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

UPDATE THE MMIS ACCOUNT CODE ASSIGNMENT MANUAL AS FOLLOWS,

SECTION I CHAPTER 1 PAGE 25

SECTION I, CAPTER 1, PAGE 25 - SUBSTANCE AND ALCOHOL ABUSE

THE FOLLOWING PROVIDER NUMBERS TO SUB-SUB-OBJECT ASSIGNMENTS NEED TO BE ADDED:

1994664 NB-6395

1994672 NB-6396

SYSTEM SPECIFICATIONS:

IN ORDER TO COMPLETE THIS CSR THE FOLLOWING CHANGES NEED TO BE MADE.

IN COPY MEMBER WT311050 - THE REQUESTED PROVIDERS AND SUBSUB-OBJECTS WILL BE ADDED TO THE TABLE FOR USE IN THE PROGRAM BWSC5050.

RECOMPILE BWSC5050.

04/26/04. ADDED - 269.

05/06/04. UPDATED - 177.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 373 RUN DATE 06/02/04

CSR LOG

NUMBER - 4724 SUB BY- CATHIE OTT SUB FOR- MONTE JOHNSON PAGE- 1 ENTERED-04/26/04 PRIORITY- EST-DAYS-000 REOD-BEGIN-04/26/04 COMPLETE-05/14/04 CLOSE-

DESCRIPTION: ACCOUNT CODE CHANGES

STATUS:

REQUEST CONTROL NUMBER: 4843

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

UPDATE THE MMIS ACCOUNT CODE ASSIGNMENT MANUAL AS FOLLOWS:

SECTION I CHAPTER 7 PAGE 1

SECTION I, CHAPTER 7, PAGE 1 - ORGANIZATION INDEX ASSIGNMENT

ADD THE FOLLOWING TEXT TO THE PROGRAMMING:

FOR RECIPIENT COUNTY CODE, USE CSOR AND CROSSWALK TO COUNTY CODE (01-40).

USE THE FOLLOWING TABLE FOR ASSIGNMENT.

SYSTEM SPECIFICATIONS:

THERE ARE NO PROGRAMING CHANGES NEEDED FOR THIS CSR.

04/26/04. ADDED - 269.

05/06/04. UPDATED - 177.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 374 RUN DATE 06/02/04

CSR LOG

NUMBER - 4725 SUB BY- CATHIE OTT SUB FOR- MICHELLE SENN PAGE- 1

ENTERED-04/26/04 PRIORITY- EST-DAYS-000 REQD
BEGIN-04/26/04 COMPLETE-05/07/04 CLOSE-

DESCRIPTION: DISEASE MANAGEMENT CLIENT EXT

STATUS:

REQUEST CONTROL NUMBER: 4844

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

PLEASE CREATE A FILE OF DISEASE MANAGEMENT CLIENTS WHO

- * HAD ELIGIBILITY ANYTIME BETWEEN 04/01/00 AND 06/30/03 AND
- * HAVE ONE OF THE PROGRAM, MATCH AND ELIGIBILITY COMBINATION LISTED BELOW:
 - $\verb|ACO|, ASO|, AUO|, A1O|, A2O|, BCO|, BSO|, BUO|, B1O|, B2O|, PCO|, PSO|, P1O|, P2O|, PUO|, XGO|, XUO|, C1O|, C2O|, CSO|, CCO|, E1O|, E2O|, ESO|, ECO|, HCO|, HSO|, HTO|, HMO|, UHO|$
- * EXCLUDE ANY CLIENT WHO HAS A PCOP TYPE C OR P WITH A PCOP END DATE OF 999999 ON PAGE 6 OF THE RECIPIENT ELIGIBILITY FILE.
- * EXCLUDE ANY CLIENTS WHO HAVE A TPL SEGMENT WITH A CARRIER ID CODE OF DOUBLE ALPHA, DOUBLE NUMERIC AND A TPL SEGMENT END DATE OF 999999 ON PAGE 4 OF THE RECIPIENT ELIGIBILITY FILE.

PLEASE INCLUDE THE FOLLOWING INFORMATION ON THIS FILE:

CLIENT'S ELIGIBILITY BEGIN AND END DATE

CLIENT'S DOB

CLIENT'S GENDER

CLIENT'S PROGRAM AND MATCH CODE

DISEASE MANAGEMNT PROVIDER NUMBER

DISEASE MANAGEMENT SEGMENT (BEGIN AND END DATE)

CLIENTS PCOP SEGMENTS BETWEEN 04/01/00 AND 06/30/03

CLIENT'S TPL SEGMENTS BETWEEN 04/01/00 AND 06/30/03

I BASICALLY NEED TO HAVE THE RECIPIENT FILE RAN TO INCLUDE ANY PCOP AND TPL SEGMENTS IN THE FILE PER CLIENT. PLEASE REFER TO THE ORIGINAL CSR 4612.

WE NEED THE INFORMATION AS SOON AS POSSIBLE.

THIS HAS BEEN DISCUSSED WITH DON BOOGERD.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 375 RUN DATE 06/02/04

CSR LOG

		CDIC	200		
	25 SUB BY- CATHIE (2
	6/04 PRIOR			REQD -	
BEGIN-04/26/	04 COMPLETE-05/07/	04 CLOSE-			
SYST	EM SPECIFICATIONS:				
0	CREATE A ONE TIME TREAD, SELECT AND		· ·		
	MEET THE SPECIFIED			RECIPIENTS INAI	

O CREATE ALL OF THE JCL NEEDED TO CREATE AND TRANSMIT THE REQUESTED FILE TO MICHELLE SENN VIA THE EBIN PROCESS.

04/26/04. ADDED - 269.

05/03/04. UPDATED - 158.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 376 RUN DATE 06/02/04

CSR LOG

NUMBER - 4726 SUB BY- CATHIE OTT SUB FOR- MICHELLE SENN PAGE- 1

ENTERED-04/26/04 PRIORITY- EST-DAYS-000 REQD
BEGIN-04/26/04 COMPLETE-05/14/04 CLOSE-

DESCRIPTION: MODIFY MONTHLY DM RECIP FILE

STATUS:

REQUEST CONTROL NUMBER: 4845

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

PLEASE ADD THE FOLLOWING FIELDS AND INFORMATION TO THE MONTHLY DISEASE MANAGEMENT RECIPIENT FILE. PLEASE SEND AN UPDATED FILE LAYOUT WITH THE NEWEST FIELDS ADDED.

RACE CODE ETHNICITY CODE

PLEASE MAKE THIS CHANGE EFFECTIVE WITH THE NEXT AVAILABLE MONTHLY FILE.

THIS HAS NOT BEEN DISCUSSED WITH ACS.

SYSTEM SPECIFICATIONS:

- O ADD THE TWO NEW FIELDS (RECIP-RACE-CODE AND RECIP-ETHNICITY-CODE) TO THE FILE DEFINITION FOR FILE ELIG-CLIENTS-EXTRACT IN BWMR 2390.
- O ADD LOGIC TO SECTION S375 OF BWMR2390 TO POPULATE THE NEWLY ADDED FIELDS.
- O $\,$ IN THE JCL THAT RUNS BWMR2390 WE NEED TO ADD FOUR BYTES TO THE DCB FOR FILE WASH.PPROD.R2390SA.DATA.

04/26/04. ADDED - 269.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 377 RUN DATE 06/02/04

CSR LOG

NUMBER - 4726 SUB BY- CATHIE OTT SUB FOR- MICHELLE SENN	PAGE - 2
ENTERED-04/26/04 PRIORITY- EST-DAYS-000	REQD-
BEGIN-04/26/04 COMPLETE-05/14/04 CLOSE-	
05/10/04. UPDATED - 158.	
	1
	'
	,

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 378 RUN DATE 06/02/04

CSR LOG

NUMBER - 4727 SUB BY-	CATHIE OTT	SUB FOR- MICHELLE SENN	PAGE - 1
ENTERED-04/26/04	PRIORITY-	EST-DAYS-000	REQD -
BEGIN-04/26/04 COMPLETE	- CLO	SE-	

DESCRIPTION: TEST FILE FOR BHP PREMIUMS

STATUS: AWAITING ANALYSIS

REQUEST CONTROL NUMBER: 4846

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

PLEASE PROVIDE A TEST FILE OF THE BASIC HEALTH PLUS PLANS MONTHLY PREMIUM FILES TO HEALTH CARE AUTHORITY. THEY ARE READY TO BEGIN TESTING HIPAA COMPLIANT FILES.

THE PROVIDER NUMBER THAT THE MONTHLY BHP FILE IS TYPICALLY SENT UNDER IS 7500739. IF ACS NEEDS TO KNOW THE INDIVIDUAL BHP+ PLANS, THEY CAN BE PROVIDED.

THIS HAS BEEN DISCUSSED WITH RANDY STAMP.

SYSTEM SPECIFICATIONS:

04/26/04. ADDED - 269.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 379 RUN DATE 06/02/04

CSR LOG

NUMBER - 4728 SUB BY- CATHIE OTT SUB FOR- MICHELLE SENN PAGE - 1

ENTERED-04/26/04 PRIORITY-1 EST-DAYS-000 REQD
BEGIN-04/26/04 COMPLETE- CLOSE-

DESCRIPTION: FQHC RHC PREMIUM GENERATION

STATUS: IN PROCESS

REQUEST CONTROL NUMBER: 4847

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

USING AN ELECTRONIC FILE SUBMITTED MONTHLY TO ACS, PLEASE GENERATE CLAIMS AND PROCESS PREMIUMS TO EACH OF THE FQHC/RHC CLINICS LISTED IN THE FILE.

THE FOLLOWING CRITERIA MUST BE PRESENT TO GENERATE A CLAIM AND PAY A PREMIUM TO THE REOUESTING CLINIC:

- (1) THE PIC BEING SUBMITTED MUST BE IN EITHER THE AA010104SMITHA FORMAT OR THE SMITHAA040101A FORMAT AND MUST BE A VALID PIC.
- (2) THE PIC BEING SUBMITTED MUST BE CURRENTLY ENROLLED IN THE PLAN NUMBER PROVIDED ON THE FILE.
- (3) THE PERFORMING PROVIDER NUMBER MUST BE CONNECTED TO THE PLAN NUMBER BEING SUBMITTED ON THE FILE.
- (4) EACH LINE ON THE FILE BEING SUBMITTED MUST CONTAIN A PIC, PLAN NUMBER, PERFORMING PROVIDER NUMBER AND THE BEGIN DATE.
- (5) THE BEGIN DATE ON THE FILE BEING SUBMITTED MUST BE THE FIRST OF THE MONTH AND WE MUST HAVE PAID A PREMIUM FOR THAT MONTH.
- (6) IF THE PIC BEING SUBMITTED IS LISTED MORE THAN ONCE ON THE REPORT, PAY THE FIRST OCCURRENCE AND POST A DUPLICATE EDIT FOR ALL OTHERS.

IF THE PICS DO NOT MEET THE ABOVE CRITERIA FOR GENERATING A CLAIM AND PREMIUM, PLEASE CREATE AN ELECTRONIC ERROR FILE IN TEXT FILE FORMAT TO BE DELIVERED TO EBIN74. PLEASE LIST THE FOLLOWING ERROR MESSAGES FOR EACH PIC AND CRITERIA LISTED ABOVE.

- (1)-INVALID PIC, INCORRECT FORMAT
- (2)-CLIENT IS NOT CURRENTLY ENROLLED IN PLAN

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 380 RUN DATE 06/02/04

CSR LOG

NUMBER - 4728 SUB BY- CATHIE OTT SUB FOR- MICHELLE SENN PAGE- 2

ENTERED-04/26/04 PRIORITY-1 EST-DAYS-000 REQD
BEGIN-04/26/04 COMPLETE- CLOSE-

- (3)-THE PERFORMING PROVIDER NUMBER IS NOT LINKED WITH PLAN
- (4)-THE INFORMATION SUBMITTED IS NOT COMPLETE
- (5)-THE BEGIN DATE IS NOT THE FIRST OF THE MONTH
- (6)-THE PIC IS A DUPLICATE

PLEASE CREATE AN ELECTRONIC REPORT TO BE DELIVERED TO EBIN74 THAT INCLUDES THE FOLLOWING INFORMATION:

TOTAL # OF CLIENTS PER CLINIC
TOTAL # OF DOLLARS PAID PER CLINIC
SORT BY PLAN

EXAMPLE:

PLAN 7500952 CLINIC 7590051 134 CLIENTS \$3,500.06

PLAN 7502453 CLINIC 7590051 25 CLIENTS \$546.85

TOTAL # OF CLIENTS 159
TOTAL AMOUNT PAID - \$4,046.91

PLEASE GENERATE CLAIMS AND PREMIUMS THE FIRST AVAILABLE PAYMENT CYCLE AFTER THE FILE HAS BEEN SUBMITTED AND PROCESSED TO ACS.

THIS HAS BEEN DISCUSSED WITH DON BOOGERD.

SYSTEM SPECIFICATIONS:

04/26/04. ADDED - 269.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 381 RUN DATE 06/02/04

CSR LOG

NUMBER - 4729 SUB BY- CATHIE OTT SUB FOR- SAO PAGE- 1

ENTERED-04/26/04 PRIORITY- EST-DAYS-000 REQD
BEGIN-04/26/04 COMPLETE-05/07/04 CLOSE-

DESCRIPTION: ALIEN EMERGENCY MED EXTRACT

STATUS:

REQUEST CONTROL NUMBER: 4848

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

THE STATE AUDITOR'S OFFICE HAS REQUESTED THE FOLLOWING DATA TO SUPPORT THEIR CURRENT "SINGLE STATE AUDIT" ACTIVITIES. SINCE SAO REQUIRES THAT THE DATA COME FROM AN "INDEPENDENT SOURCE" IT IS NOT ACCEPTABLE FOR MAA STAFF TO PULL THIS DATA.

THE FOLLOWING FOUR (4) SERVICE CATEGORIES ARE REQUESTED FOR ALIEN EMERGENCY MEDICAL:

ALL TRANSACTIONS RELATED TO CLIENTS WITH MEDICAL ELIGIBILITY CODE "2"

DATES OF SERVICE 01/03 THROUGH 12/03

SERVICE CATEGORIES ARE DEFINED AS FOLLOWS:

DENTAL: ALL CLAIMS (PER CRITERIA ABOVE) FOR CATEGORY OF SERVICE 40 AND 41 ADULT DAY HEALTH: ALL CLAIMS (PER CRITERIA ABOVE) FOR PROVIDER TYPE 87 NURSING FACILITY: ALL CLAIMS (PER CRITERIA ABOVE) CATEGORY OF SERVICE 90 AND 91

COMMUNITY INPATIENT HOSPITAL-SERVICES PAID UNDER THE FOLLOWING ACCOUNT CODES: (2003 IS THE STATE BIENNIUM THAT THE ACCOUNT APPLIES TO-PROGRAM AND SUB-PROGRAM ACCORDING TO THE DSHS 2003-2005 CHART OF ACCOUNTS) RCN 4848

2003 0301281 2003 0301282 2003 0301283 2003 0301291 2003 0301292

2003 0301849

EACH RECORD SHOULD CONTAIN THE FOLLOWING:

LAST NAME FIRST NAME MIDDLE INITIAL

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 382 RUN DATE 06/02/04

CSR LOG

NUMBER - 4729	SUB BY- CATHIE OTT	SUB FOR- SAO	PAGE - 2
ENTERED-04/26/0	4 PRIORITY-	EST-DAYS-000	REQD-
BEGIN-04/26/04	COMPLETE-05/07/04 CI	OSE-	

SSN
PIC
DOB
PROVIDER NUMBER
PROVIDER NAME
FIRST DOS
LAST DOS
DIAGNOSIS (ICD-9) CODE
DIAGNOSIS DESCRIPTION
PROCEDURE CODE
PROCEDURE DESCRIPTION
PD AMT

ACCOUNT CODING (PER SPECIFICATIONS ABOVE)

PLEASE PREPARE TWO COPIES OF THE DATA: ONE TO BE DELIVERED TO CATHIE OTT/MAA. THE SECOND IS FOR SAO. WHEN THE REPORT IS COMPLETE, PLEASE CONTACT ROGER BRITTINGHAM AT 725-5433 AND HE WILL PICK UP.

PLEASE CREATE THIS REPORT AS SOON AS POSSIBLE.

PLEASE CONTACT CATHIE OTT AT 725-2116, IF THERE ARE ANY QUESTIONS.

SYSTEM SPECIFICATIONS:

IN ORDER TO IMPLEMENT THIS CSR, THE FOLLOWING WILL NEED TO BE DONE:

- O CREATE A SPECIAL UTILITY WHICH WILL SEARCH CLAIMS HISTORY FILES IN SEARCH OF RECORDS MEETING THE REQUIREMENTS FOR THE EXTRACT.
- O CREATE A SPECIAL UTILITY WHICH WILL CREATE THE EXTRACT FROM CLAIMS RECORDS, RECIPIENT MASTER RECORDS, PROVIDER MASTER RECORDS, AND PDD RECORDS.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 383 RUN DATE 06/02/04

CSR LOG

NUMBER - 4729 SUB BY- CATHIE OTT SUB FOR- SAO	PAGE - 3
ENTERED-04/26/04 PRIORITY- EST-DAYS-000	REQD-
BEGIN-04/26/04 COMPLETE-05/07/04 CLOSE-	İ
04/26/04. ADDED - 269.	
05/07/04. UPDATED - 516.	
	'
	1

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 384 RUN DATE 06/02/04

CSR LOG

NUMBER - 4730 SUB BY- SANDRA RICCOLO SUB FOR- MMIS SERVICES PAGE- 1

ENTERED-04/26/04 PRIORITY-2 EST-DAYS-000 REQD
BEGIN-04/26/04 COMPLETE- CLOSE-

DESCRIPTION: RHC OUTPATIENT XOVER PRICING

STATUS: AWAITING ANALYSIS

REQUEST CONTROL NUMBER: 4849

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

PLEASE CREATE THE FOLLOWING PRICING METHODOLOGY FOR THE OUTPATIENT HOSPITAL CROSSOVER CLAIM TYPE ("W") FOR ALL RURAL HEALTH CENTERS (PROVIDER TYPE 88):

"MEDICARE'S ALLOWABLE RATE" MULTIPLIED BY "DAYS (UNITS)" MINUS "MEDI-CARE'S PAID AMMOUNT" EQUALS "MEDICAID'S ALLOWED PAID AMOUNT"

THE "MEDICARE ALLOWED RATE" WILL BE LOADED AS A FLAT DOLLAR AMOUNT IN THE PROVIDER CHARGE FILE (SCREEN 6) UNDER EACH RURAL HEALTH CENTER BILLING PROVIDER NUMBER (PROVIDER TYPE 88) AND LOADED UNDER REVENUE CODE 521R. THIS IS REFERRED TO AS A "REVENUE CODE BASED CHARGE FILE".

THESE RATES MAY BE LOADED BY HAND OR BY AUTOMATIC E-BINNED TAPES FOR PERIODIC RATE CHANGES TO VARIOUS PROVIDERS THROUGHOUT EACH YEAR. WE PLAN TO ARRANGE FOR AUTOMATED MASS ADJUSTMENTS TO PROCESS RETRO RATE CHANGES LIKE THE CURRENT PROCESS USED ON THE NURSING HOME CLAIMS (CLAIM TYPE "T") THAT ADJUSTS ONTO A CLAIM TYPE "I" (ADJUSTMENT).

THIS HAS BEEN DISCUSSED WITH DON BOOGERD AND DARIN MORIN.

PLEASE CREATE THE FOLLOWING PRICING METHODOLOGY FOR THE OUTPATIENT HOSPITAL CROSSOVER CLAIM TYPE ("W") FOR ALL RURAL HEALTH CENTERS (PROVIDER TYPE 88):

"MEDICARE'S ALLOWABLE RATE" MULTIPLIED BY "DAYS (UNITS)" MINUS "MEDI-CARE'S PAID AMMOUNT" EQUALS "MEDICAID'S ALLOWED PAID AMOUNT"

THE "MEDICARE ALLOWED RATE" WILL BE LOADED AS A FLAT DOLLAR AMOUNT IN THE PROVIDER CHARGE FILE (SCREEN 6) UNDER EACH RURAL HEALTH CENTER BILLING PROVIDER NUMBER (PROVIDER TYPE 88) AND LOADED UNDER REVENUE CODE 521R. THIS IS REFERRED TO AS A "REVENUE CODE BASED CHARGE FILE".

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 385 RUN DATE 06/02/04

CSR LOG

NUMBER - 4730 SUB BY- SANDRA RICCOLO SUB FOR- MMIS SERVICES PAGE- 2
ENTERED-04/26/04 PRIORITY-2 EST-DAYS-000 REQD-
BEGIN-04/26/04 COMPLETE- CLOSE-
THESE RATES MAY BE LOADED BY HAND OR BY AUTOMATIC E-BINNED TAPES FOR PERIODIC RATE CHANGES TO VARIOUS PROVIDERS THROUGHOUT EACH YEAR. WE PLAN TO ARRANGE FOR AUTOMATED MASS ADJUSTMENTS TO PROCESS RETRO RATE CHANGES LIKE THE CURRENT PROCESS USED ON THE NURSING HOME CLAIMS (CLAIM TYPE "I") THAT ADJUSTS ONTO A CLAIM TYPE "I" (ADJUSTMENT).
THIS HAS BEEN DISCUSSED WITH DON BOOGERD AND DARIN MORIN.
SYSTEM SPECIFICATIONS:
04/26/04. ADDED - 269.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 386 RUN DATE 06/02/04

CSR LOG

NUMBER - 4731 SUB BY- SANDRA RICCOLO SUB FOR- KEVIN COLLINS PAGE- 1

ENTERED-04/26/04 PRIORITY- EST-DAYS-000 REQD
BEGIN-04/26/04 COMPLETE-05/21/04 CLOSE-

DESCRIPTION: MODIFY FOHC RECON REPORT

STATUS:

REQUEST CONTROL NUMBER: 4850

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

THE RATES SECTION IS REQUESTING THAT THE MANAGED CARE PREMIUMS BE REMOVED FROM THE MONTHLY FQHC RECONCILIATION REPORT (BWMC9757-R001).

THIS HAS BEEN DISCUSSED WITH DARIN MORIN.

SYSTEM SPECIFICATIONS:

TO COMPLETE THIS CSR THE FOLLOWING NEEDS TO BE DONE.

- 1. BWMC9757; ADDED LOGIC TO SUBTRACT THE MANGAED CARE PREMIUMS FROM THE TITLE XIX REIMBURSEMENT AMOUNT.
- 2. RECOMPILE BWMC9757.

04/26/04. ADDED - 269.

05/06/04. UPDATED - 551.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 387 RUN DATE 06/02/04

CSR LOG

NUMBER - 4732 SUB BY- A	LLON PETERMAN	SUB FOR- MMIS SERVICES	PAGE - 1
ENTERED-04/26/04	PRIORITY-	EST-DAYS-000	REQD-
BEGIN-04/26/04 COMPLETE-	CLO	SE-	

DESCRIPTION: MODIFY CSR LOG COMPLETED SORT

STATUS: COMPLETE THIS WEEK

REQUEST CONTROL NUMBER: 4851

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

PLEASE MAKE THE FOLLOWING CHANGE TO THE CSR REPORT (BWCSRLIST-R001). IN THE "COMPLETED" SECTION OF THE CSRS, POS, AND WORK SERVICE REQUESTS, PLEASE LIST NUMERICALLY BY CSR NUMBER.

THIS HAS BEEN DISCUSSED WITH DARIN MORIN.

SYSTEM SPECIFICATIONS:

IN ORDER TO COMPLETE THIS CSR THE FOLLOWING WILL NEED TO BE DONE.

IN THE SKELS MEMBER CSRWKLY THE SORT WILL BE CHANGED FROM SORTING ON PRIORITY NUMBER AND THEN COMPLETE DATE TO ONLY SORT ON PRIORITY NUMBER, THIS WAY THE REPORT WILL ALWAYS BE IN CSR NUMBER IF THERE IS NO PRIORITY

04/26/04. ADDED - 269.

05/20/04. UPDATED - 177.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 388 RUN DATE 06/02/04

CSR LOG

NUMBER - 4733 SUB BY- ALLON PETERMAN SUB FOR- MMIS SERVICES PAGE - 1

ENTERED-04/26/04 PRIORITY- EST-DAYS-000 REQD
BEGIN-04/26/04 COMPLETE-05/21/04 CLOSE-

DESCRIPTION: MODIFY CSR LOG DISTRIBUTION

STATUS:

REQUEST CONTROL NUMBER: 4852

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

CURRENTLY THE MMISS IS RECEIVING SIX COPIES OF THE CSR REPORT (BWCSRLIST-R001).

PLEASE CHANGE THE MMISS ORDER TO FIVE COPIES.

ALSO, SEND ONE COPY OF THE CSR REPORT TO BIN 24 ATTN: MONTE JOHNSON.

THIS HAS BEEN DISCUSSED WITH DARIN MORIN.

SYSTEM SPECIFICATIONS:

IN ORDER TO COMPLETE THIS CSR THE FOLLOWING CHANGES WILL NEED TO BE MADE.

MAKE A CHANGE TO THE JCL LOCATED IN WASH.PPROD.SYSIN(LBIN) TO TAKE AWAY ONE COPY OF THE CSR LIST FROM BIN 12 AND START SENDING ONE COPY TO BIN $24\,$.

04/26/04. ADDED - 269.

05/13/04. UPDATED - 177.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 389 RUN DATE 06/02/04

CSR LOG

NUMBER - 4734 SUB BY- ALLON PETERMAN SUB FOR- MMIS SERVICES PAGE- 1

ENTERED-04/26/04 PRIORITY- EST-DAYS-000 REQD
BEGIN-04/26/04 COMPLETE-05/21/04 CLOSE-

DESCRIPTION: PLUG SUBMITTER ON NON-HIPAA CLM

STATUS:

REQUEST CONTROL NUMBER: 4853

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

CURRENTLY ACS CAN DETERMINE THE SUBMITTER ON HIPAA COMPLIANT CLAIMS. HOWEVER, ACS CANNOT DETERMINE THE SUBMITTER ON NON-HIPAA CLAIMS.

PLEASE MAKE THE NECESSARY CHANGES IN THE MMIS TO DETERMINE THE SUBMITTER ON ALL NON-HIPAA CLAIMS.

THIS HAS BEEN DISCUSSED WITH DON BOOGERD AND DARIN MORIN.

SYSTEM SPECIFICATIONS:

IN ORDER TO COMPLETE THIS CSR THE FOLLOWING CHANGES WILL BE MADE.

- 1. PROGRAM BWME5000 -
 - O ADDED CODE TO INITIALIZE SUBMITTER NUMBER FOR ALL CLAIMS.
 - O ADDED CODE TO MOVE SUBMITTER NUMBER FROM INPUT FILE TO OUTGOING MMIS CLAIM.
- 2. PROGRAM BWMC1500 -
 - O ADDED CODE TO INITIALIZE SUBMITTER NUMBER FOR ALL CLAIMS.
 - O ADDED CODE TO MOVE SUBMITTER NUMBER FROM INPUT FILE TO OUTGOING MMIS CLAIM.
- 3. PROGRAM BWMC1001 -
 - O ADDED CODE TO INITIALIZE SUBMITTER NUMBER FOR ALL CLAIMS.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 390 RUN DATE 06/02/04

CSR LOG

NUMBER - 4734 SUB BY-	ALLON PETERMAN	SUB FOR- MMIS SERVICES	PAGE - 2
ENTERED-04/26/04	PRIORITY-	EST-DAYS-000	REQD-
BEGIN-04/26/04 COMPLET	E-05/21/04 CLO	SE-	

- 4. PROGRAM BWMC1003 -
 - O ADDED CODE TO INITIALIZE SUBMITTER NUMBER FOR ALL CLAIMS.
- 5. PROGRAM BWMC1004 -
 - O ADDED CODE TO INITIALIZE SUBMITTER NUMBER FOR ALL CLAIMS.
- 6. RECOMPILE BWME5000, BWMC1500, BWMC1001, BWMC1003, AND BWMC1004.

04/26/04. ADDED - 269.

05/06/04. UPDATED - 177.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 391 RUN DATE 06/02/04

CSR LOG

NUMBER - 4735 SUB BY- CATHIE OTT SUB FOR- MONTE JOHNSON PAGE- 1

ENTERED-04/28/04 PRIORITY- EST-DAYS-000 REQD
BEGIN-04/28/04 COMPLETE-05/14/04 CLOSE-

DESCRIPTION: ACCOUNT CODE CHANGES

STATUS:

REQUEST CONTROL NUMBER: 4841

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

UPDATE THE MMIS ACCOUNT CODE ASSIGNMENT MANUAL AS FOLLOWS,

SECTION I CHAPTER 2 PAGE 21-22

SECTION I, CHAPTER 2, PAGE 21-22 - SUBSTANCE ABUSE

THE FOLLOWING PROCEDURE CODES NEED TO BE ADDED TO THE LOGIC TABLE

0358M ASSIGN TABLE G-38 (A) 0384M ASSIGN TABLE G-29 (A) 0385M ASSIGN TABLE G-26 (A)

SYSTEM SPECIFICATIONS:

IN ORDER TO COMPLETE THIS CSR THE FOLLOWING CHANGES WILL BE MADE.

ADD PROC CODES TO CODE IN ${\tt BWSC5050}$ THE ACCOUNT CODE PROGRAM.

RECOMPILE BWSC5050.

04/28/04. ADDED - 269.

05/04/04. UPDATED - 177.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 392 RUN DATE 06/02/04

CSR LOG

NUMBER - 4736 SUB BY- SANDY ASBACH SUB FOR- MMIS SERVICES PAGE - 1

ENTERED-04/28/04 PRIORITY- EST-DAYS-000 REQD
BEGIN-04/28/04 COMPLETE-05/21/04 CLOSE-

DESCRIPTION: MODIFY TRAUMA SERVICES 9T REPT

STATUS:

REQUEST CONTROL NUMBER: 4854

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

IN OCTOBER OF 2002 I REQUESTED A REPORT FROM TRAUMA SERVICES TO BE GENERATED ON THE LAST SYSTEM CYCLE OF EACH MONTH AND DELIVERED TO BIN 23 ATT: PHILIP GONZALES). THE REPORT IS ON A DISKETTE AND IS CALLED TRAUMAST.TXT. PLEASE SEE ORIGINAL CSR #4211 ATTACHED. PLEASE MAKE THE FOLLOWING CHANGES AND UPDATES TO THIS REPORT AS FOLLOWS:

THE REPORT SHOULD INCLUDE ONLY PHYSICIAN (J) CLAIMS THAT CONTAIN AT LEAST ONE OF THE FOLLOWING ELEMENTS:

MODIFIERS: 9T, ST, U3, U4, U5, U6 EOB'S: 003, 026, 428, 873 OR 877

PLEASE SORT THE CLAIMS BY MONTH PAID AND INCLUDE THE FOLLOWING CRITERIA IN RANKING ORDER AS INDICATED BELOW. PLEASE CREATE A PAGE BREAK BETWEEN EACH MONTH.

MONTH OF MAY 2004
ICN
PIC
PROVIDER NUMBER
PROVIDER NAME
PROVIDER CITY
DOS
BILLED AMOUNT
PAID AMOUNT
TPL \$
PATIENT PAY \$
CLIENT PROGRAM CODE
CLIENT CSO

CLIENT ZIP

THIS HAS BEEN DISCUSSED WITH DARIN MORIN.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 393 RUN DATE 06/02/04

CSR LOG

NUMBER - 4736 SUB BY- SANDY AS		R - MMIS SERVICES	
ENTERED-04/28/04 PRIORI	TY- EST-DAYS	-000	REQD -
BEGIN-04/28/04 COMPLETE-05/21/0	04 CLOSE-		
SYSTEM SPECIFICATIONS:			
IN ORDER TO COMPLETE MADE.	E THIS CSR THE	FOLLOWING CHANGE	S NEED TO BE
IN PROGRAM BWMC8525, TE LIST OF 9T AND ST MODIF TRACT.			
RECOMPILE BWMC8525.			
04/28/04. ADDED - 269.			
05/10/04. UPDATED - 177.			

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 394 RUN DATE 06/02/04

CSR LOG

NUMBER - 4737 SUB BY-	CATHIE OTT	SUB FOR- MONTE JOHNSON	PAGE - 1
ENTERED-04/28/04	PRIORITY-	EST-DAYS-000	REQD-
BEGIN-04/28/04 COMPLET	E-05/07/04 CLC	 SE-	

DESCRIPTION: DISC PRINT FOR LISTED REPORTS

STATUS:

REQUEST CONTROL NUMBER: 4855

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

SYSTEM SPECIFICATIONS:

IN ORDER TO COMPLETE THIS CSR THE FOLLOWING WILL NEED TO BE DONE.

MAKE CHANGES TO THE JCL BWCP4500 TO DISCONTINUE PRINTING OF ONE SET OF REPORTS BWMC7600-R001, BWMC8000-R004, AND BWMC8000-R005.

04/28/04. ADDED - 269.

04/28/04. UPDATED - 177.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 395 RUN DATE 06/02/04

CSR LOG

NUMBER - 4738 SUB BY- ALLON PETERMAN SUB FOR- BOB BURLINGAME PAGE- 1

ENTERED-04/28/04 PRIORITY- EST-DAYS-000 REQD
BEGIN-04/28/04 COMPLETE- CLOSE-

DESCRIPTION: NEW HIPAA DATA EXTRACT

STATUS: TEST TO STATE

REQUEST CONTROL NUMBER: 4856

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

HIPAA IS ASKING FOR AN EXTRACT THAT WILL BE PROVIDED ONCE A WEEK. THE EXTRACT WILL COME FROM ALL CLAIMS PROCESSED (PAID, DENIED, AND SUS-PENDED) AND WILL INCLUDE THE FOLLOWING ELEMENTS:

ICN

CLAIM TYPE (E.G. PRACTITIONER, DENTAL, MEDICAL VENDOR, ETC.)
CLAIM STATUS (PAID, DENIED, SUSPENDED, ETC.)
SUBMITTER/INTERMEDIARY (WHEN AVAILABLE)
PROVIDER NUMBERS (PAY TO, REFERRING, ATTENDING, PERFORMING, ETC.)
PIC
TOTAL CLAIM DOLLARS

PAID CLAIM DOLLARS

DATE CLAIMS WERE PAID OR DENIED

CLAIM LEVEL DENIAL REASON CODE (IF AVAILABLE-LINE LEVEL NOT NECESSARY) CLAIM PROCESS DATE

THIS EXTRACT WILL BE SENT TO THE EBIN TO BE DETERMINED BY HIPAA.

THIS HAS BEEN DISCUSSED WITH DON BOOGERD.

ADDENDUM AS OF MAY 19, 2004

PLEASE INCLUDE THE FOLLOWING ELEMENT IN THE EXTRACT

PHARMACY CLAIM VERSION NUMBER

THIS HAS BEEN DISCUSSED WITH RANDY STAMP.

SYSTEM SPECIFICATIONS:

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 396 RUN DATE 06/02/04

CSR LOG

NUMBER - 47		- ALLON PE	TERMAN	SUB FOR-	BOB BURL	INGAME		PAGE -	2
ENTERED-04/2				EST-DAYS-0				REQD-	
BEGIN-04/28/		ΓE-	CLOS	E-					
	COMPLETE TH								
1.	BWMC6980; ITEMS.	NEW PROGR	RAM TO C	REATE THE	EXTRACT	WITH	THE	ABOVE	
2.	RECOMPILE	BWMC6980.							
0.4./00	/0.4	0.60							
04/28	/04. ADDEI) - 269.							

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 397 RUN DATE 06/02/04

CSR LOG

NUMBER - 4739 SUB BY-	CATHIE OTT	SUB FOR- SAO	PAGE - 1
ENTERED-04/28/04	PRIORITY-	EST-DAYS-000	REQD -
BEGIN-04/28/04 COMPLETE	-04/30/04 CLC	OSE-	

DESCRIPTION: MMIS OVERVIEW FLOW NARRATIVE

STATUS:

REQUEST CONTROL NUMBER: 4857

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

HELEN SICK FROM THE STATE AUDITOR'S OFFICE HAS REQUESTED A NARRATIVE TO THE MMIS OVERVIEW FLOWCHART PROVIDED TO SAO BY DON BOOGERD FOR THE MMIS SYSTEM AUDIT. THEY ARE ATTEMPTING TO DOCUMENT A HIGH-LEVEL UNDERSTANDING OF THE CLAIMS PROCESSING PROCESS-A NARRATIVE WOULD ASSIST IN THEIR UNDERSTANDING OF THE FLOWCHART PROVIDED.

ALTHOUGH THERE IS NO DUE DATE ATTACHED TO THIS CSR, THE STATE AUDITOR HAS REQUESTED AN ESTIMATE OF COMPLETION.

THIS HAS BEEN DISCUSSED WITH DON BOOGERD.

SYSTEM SPECIFICATIONS:

IN ORDER TO IMPLEMENT THIS CSR, THE $\,$ FOLLOWING $\,$ WILL $\,$ NEED $\,$ TO $\,$ BE $\,$ DONE:

CREATE A NARRATIVE FOR THE SYSTEM OVERVIEW.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 398 RUN DATE 06/02/04

CSR LOG

NUMBER - 4740 SUB BY-	CATHIE OTT	SUB FOR- DAVE RUPEL	PAGE - 1
ENTERED-04/30/04	PRIORITY-2	EST-DAYS-000	REQD -
BEGIN-04/30/04 COMPLETE	- CLC	DSE-	

DESCRIPTION: MODIFY BWCS4210-R001 REPORT

STATUS: IN PROCESS

REQUEST CONTROL NUMBER: 4858

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

MAA IS REQUESTING A MODIFICATION TO QUARTERLY REPORT BWCS4210-R001 TO INCLUDE A NEW GROUP, "TILE XXI-UNBORN." EFFECTIVE NEXT REPORTING CYCLE CONTINUING, PLEASE REPORT QUARTERLY AND ANNUAL STATISTICS ACCORDING TO YOUR ESTABLISHED METHODOLOGY. ON AN ANNUAL BASIS, THIS WILL INCLUDE "UNDUPLICATED NUMBER EVER ENROLLED - YEAR."

"TITLE XXI-UNBORN" IS DEFINED AS PROGRAM S - MEDICAL ELIGIBILITY CODE = 2 OR 3. PLEASE NOTE THAT THERE ARE NO INCOME DELINEATIONS FOR THIS GROUP; ALL ARE FEE-FOR-SERVICE.

PLEASE INCORPORATE AND DELIVER TO E-BIN22 IN ELECTRONIC FORMAT. PLEASE CONTACT DAVE RUPEL, 725-1289 IF QUESTIONS.

THIS WAS DISCUSSED WITH DON BOOGERD AT THE APRIL 29, 2004 CSR PRIORITY MEETING.

SYSTEM SPECIFICATIONS:

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 399 RUN DATE 06/02/04

CSR LOG

NUMBER - 4741 SUB BY-	CATHIE OTT	SUB FOR- DAVE RUPEL	PAGE - 1
ENTERED-05/03/04	PRIORITY-1	EST-DAYS-000	REQD-
BEGIN-05/03/04 COMPLET	E- CLC	OSE-	

DESCRIPTION: NEW IER CODE 40

STATUS: AWAITING ANALYSIS

REQUEST CONTROL NUMBER: 4859

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

THE LEGISLATURE HAS DIRECTED THAT MAA INSTITUTE PREMIUM PAYMENTS FOR CERTAIN OPTIONAL NON-GRANT TITLE XIX CHILDREN. THIS WILL APPLY TO CHILDREN UNDER AGE ONE WITH HOUSEHOLD INCOME ABOVE 185 PERCENT OF FEDERAL POVERTY AS WELL AS CHILDREN OVER AGE ONE AND LESS THAN AGE 19 WHO ARE ABOVE 150 PERCENT OF FPL. FOR DATA, BUDGETING AND FORECASTING PURPOSES, A NEW MATCH CODE, Q, AND IER CODE, 42, WILL BE INSTITUTED EFFECTIVE WITH IMPLEMENTATION IN JULY, 2004. IN EFFECT, OPTIONAL CHILDREN ASSIGNED PREMIUMS WILL BE SPLIT FROM NON-PREMIUM OPTIONAL CHILDREN WITH PROGRAM H, MATCH M, IER CODE 40.

NEW IER CODE 42, WILL BE IMPLEMENTED TO DESIGNATE "OPTIONAL CHILDREN-PREMIUMS." THIS WILL BE INCLUDED IN THE CATEGORICALLY NEEDY SUMMARY (27) IN THE IER. PLEASE ADD TO EXHIBIT A: PROGRAM CODE/MATCH CODE EQUIVALENT CROSSWALK, UNDER ELIGIBILITY CLASSES (INCURR-EXP-CD):

42-OPTIONAL CHILDREN-PREMIUMS

PGM MATCH BUD AID FED MAINT FFP INCURR BUD AID CD CD CD AID CD ASSIT FUND EXP CD CAT

H Q G 4 3 1 42 04

ACCOUNT CODING, VALID VALUE TABLES AND OTHER CHANGES WILL BE ADDRESSED UNDER SEPERATE CSR'S

IF QUESTIONS, PLEASE CONTACT DAVE RUPE, 725-1289

SYSTEM SPECIFICATIONS:

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 400 RUN DATE 06/02/04

NUMBER - 4741 SUB BY-	CATHIE OTT	SUB FOR- DAVE RUPEL	PAGE - 2
ENTERED-05/03/04	PRIORITY-1	EST-DAYS-000	REQD-
BEGIN-05/03/04 COMPLET	E- CL	 DSE- 	
05/03/04. ADDED			

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 401 RUN DATE 06/02/04

CSR LOG

NUMBER - 4742 SUB BY-	CATHIE OTT	SUB FOR- RICHARD FISHER	PAGE - 1
ENTERED-05/04/04	PRIORITY-	EST-DAYS-000	REQD-
BEGIN-05/04/04 COMPLETE	E-05/14/04 CLO	SE-	
DESCRIPTION: DISC	C WORKSHEETS LO	C 32 36 85 O	

STATUS:

REQUEST CONTROL NUMBER: 4860

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

REQUEST THAT FLAT SHEETS BE TURNED OFF FOR LOCATION 32, 36 AND 85 $^{\circ}\text{O}^{\circ}$ CLAIMS.

SYSTEM SPECIFICATIONS:

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 402 RUN DATE 06/02/04

CSR LOG

NUMBER - 4743 SUB BY- CATHIE OTT SUB FOR- CARMEN GIGSTEAD PAGE- 1

ENTERED-05/04/04 PRIORITY-1 EST-DAYS-000 REQD
BEGIN-05/04/04 COMPLETE- CLOSE-

DESCRIPTION: CHANGES TO EXCEPTION 165

STATUS: ONLINE TESTING

REQUEST CONTROL NUMBER: 4861

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

CHANGES TO EXCEPTION 165

ADD PROCEDURE CODE A4524 TO BYPASS EXCEPTION 165.

ADD FOLLOWING ABORTION DIAGNOSIS CODES TO BYPASS 165:

632

633.1

634-634.99

635-635.99

637-637.99

638-638.99

639-639.99

THIS HAS BEEN DISCUSSED WITH DARIN MORIN.

SYSTEM SPECIFICATIONS:

TO COMPLETE THIS CSR THE FOLLOWING NEEDS TO BE DONE.

- 1. BWWC3580; ADDED NEW SWITCH WS-010-BYPS-CSR4743-SWAND A NEW 01 LEVEL WK-015-BYPSS-165-DIAGS WITH A NEW 88 LEVEL WK-015-165-DIAG-1 CONTAINING THE VALUES 632 633.1 634 634.99 635 635.99 637 637.99 638 638.99 639 639.99 AND NEW 88 LEVEL WK-116-TPL-165-BYPASS-CSR4743 CONTAINING THE VALUE A4524.
- 2. $\mbox{BWPC3580;}$ \mbox{ADDED} $\mbox{LOGIC TO BYPASS EXCEPTION 0165 IF THE CONDITIONS ABOVE ARE MET.$

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 403 RUN DATE 06/02/04

NUMBER - 4743 SUB B			GIGSTEAD PAGE-	
ENTERED-05/04/04	PRIORITY-1	EST-DAYS-000	REQD-	
BEGIN-05/04/04 COMPL	ETE- CLO	OSE-		
3. RECOMPIL	E BWSC3580 AND BW	WOC0070.		
05/04/04. ADD	ED - 269.			
05/19/04. UPD	ATED - 551.			

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 404 RUN DATE 06/02/04

CSR LOG

NUMBER - 4744 SUB BY- CATHIE OTT SUB FOR- CARMEN GIGSTEAD PAGE- 1

ENTERED-05/04/04 PRIORITY-1 EST-DAYS-000 REQD
BEGIN-05/04/04 COMPLETE- CLOSE-

DESCRIPTION: CHANGES TO EXCEPTION 263

STATUS: ONLINE TESTING

REQUEST CONTROL NUMBER: 4862

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

CHANGES TO EXCEPTION 263

ADD PROCEDURE CODE 92390 TO BYPASS EXCEPTION 263. THIS WAS ORIGINALLY REQUESTED AND COMPLETED ON CSR 4486 (ATTACHED) AND SOMEHOW DISAPPEARED FROM LOGIC. EXAMPLE ICN 00402091909001000.

ADD PROCEDURE CODE A4524 TO BYPASS EXCEPTION 263.

THIS HAS BEEN DISCUSSED WITH DARIN MORIN.

SYSTEM SPECIFICATIONS:

TO COMPLETE THIS CSR THE FOLLOWING NEEDS TO BE DONE.

- 1. BWWC3580; ADDED NEW SWITCH WS-010-BYPS-CSR4744-SW, ALSO ADDED THE NEW 88 LEVEL WK-116-TPL-EXC-BYPASS-CSR4744 CONTAINING THE VALUES 92390 AND A4524.
- BWPC3580; ADDED LOGIC TO CHECK FOR THE NEW 88 LEVEL AND TO SET A SWITCH THAT WILL BYPASS THE POSING TO EXCEPTION 263.
- 3. RECOMPILE BWSC3580 AND BWOC0070.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 405 RUN DATE 06/02/04

					AD PAGE - 2
ENTERED-05/04/04		PRIORITY-1	EST-DAYS-0	00	REQD-
BEGIN-05/04/04	COMPLETE	E- CL	OSE-		
05/19/04.					

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 406 RUN DATE 06/02/04

CSR LOG

				-
NUMBER - 4745 SUB BY-	CATHIE OTT	SUB FOR- MARK TERJESON	PAGE – 1	_
ENTERED-05/04/04	PRIORITY-	EST-DAYS-000	REQD -	_
BEGIN-05/04/04 COMPLET	E-05/07/04 CLO	SE-		_

DESCRIPTION: MONTHLY CMS DRUG DISC CARD FILE

STATUS:

REQUEST CONTROL NUMBER: 4863

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

THE CMS DRUG DISCOUNT CARD FILE (TEST FILE GENERATED PER CSR 4591 FOR JANUARY 2004) MUST BE GENERATED ON A MONTHLY BASIS. THIS MONTHLY FILE SHOULD BE SENT TO RANDY ROBINSON AT EBIN12 - RANDY WILL SUPPORT THE DIRECT/CONNECT TRANSMISSION OF THE DATA TO CMS. PLEASE GENERATE A MONTHLY FILE ACCORDING TO THE TECHNICAL SPECIFICATIONS USED FOR THE TEST FILE. DATA IS DUE TO CMS BETWEEN THE FIRST AND TENTH OF EACH MONTH. THE MONTHLY FILE SHOULD CONTAIN ONE MONTH OF THE MOST RECENT DATA. THE DATA FILE INCLUDES RECORDS FOR WASHINGTON'S DUAL ELIGIBLES WHO WERE ELIGIBLE FOR MEDICAID PRESCRIPTION DRUG COVERAGE DURING THAT MONTH. DUAL ELIGIBLE CLIENTS TO BE INCLUDED IN THIS FILE SHOULD BE IDENTIFIED AS FOLLOWS:

PROGRAM CODE=ALL

MEDICAL ELIGIBILITY CODE=1,5,7 OR 8 MATCH CODE DOES NOT=D, K, E OR W

TECHNICAL SPECIFICS: (DEPENDENCY ORDER OBSERVED)

- * SET THE RETURN-OPTION FIELD (IN THE HEADER RECORD)=F
 * IF BENE-HICN RESOLVES TO BLANKS AND ZERO, THEN SET BENE-HICN FIELD TO BLANKS
- * IF BENE-HICN FIELD IS BLANKS, THEN SET BENE-HICN-RRB-IND TO BLANK
- * IF BENE-SSN CONTAINS ANY ALPHA, THEN SET TO BLANKS
- * IF BENE-HICN IS BLANK AND BENE-SSN IS BLANK, THEN REMOVE RECORD
- * REMOVE DUPLICATE RECORDS
- * EBCDIC, LRECL=40, RECFM=F (WHEN FTPING USE BINARY MODE TO MAIN-3 TAIN FORMAT)

PLEASE CONTACT CATHIE OTT OR MARK TERJESON IF THERE ARE ANY QUESTIONS.

SYSTEM SPECIFICATIONS:

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 407 RUN DATE 06/02/04

NUMBER - 4745 SUB BY- CATHIE OTT SUB FOR- MARK TERJESON	PAGE - 2
ENTERED-05/04/04 PRIORITY- EST-DAYS-000	REQD -
BEGIN-05/04/04 COMPLETE-05/07/04 CLOSE-	
THIS CSR IS A REPEAT OF CSR4706.	
05/04/04 20000 000	
05/04/04. ADDED - 269.	
05/06/04. UPDATED - 516.	

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 408 RUN DATE 06/02/04

CSR LOG

NUMBER - 4746 SUB BY-	CATHIE OTT	SUB FOR- CARMEN GIGSTEAD	PAGE - 1
ENTERED-05/04/04	PRIORITY-1	EST-DAYS-000	REQD -
BEGIN-05/04/04 COMPLETE	- CL(OSE-	

DESCRIPTION: CHANGES TO MONTHLY CII PRINT

STATUS: COMPLETE THIS WEEK

REQUEST CONTROL NUMBER: 4864

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

CHANGE TO CII'S

PLEASE UPDATE CII PROCESS TO PRINT THE SUBMITTED PROCEDURE ON THE CII FORM NOT THE CROSS WALKED PROCEDURE USED FOR PAYMENT. SEE ATTACHED EXAMPLE.

THIS HAS BEEN DISCUSSED WITH DON BOOGERD.

SYSTEM SPECIFICATIONS:

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 409 RUN DATE 06/02/04

CSR LOG

NUMBER - 4747 SUB BY- CATHIE OTT SUB FOR- DAVE RUPEL PAGE- 1

ENTERED-05/05/04 PRIORITY- EST-DAYS-000 REQD
BEGIN-05/05/04 COMPLETE- CLOSE-

DESCRIPTION: UPDATE EXHIBIT A CROSSWALK

STATUS: COMPLETE THIS WEEK

REQUEST CONTROL NUMBER: 4865

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

RECENTLY, IT CAME TO OUR ATTENTION THAT INCAPACITATED 18-YEAR-OLDS ON GAU GRANTS ARE NOT BEING DIRECTED TO THE CORRECT CATEGORIES FOR FEDERAL MATCHING AND IER PURPOSES. PLEASE UPDATE THE 'EXHIBIT A CROSSWALK' PER SPECS BELOW AND REASSIGN REPORTING "BUCKETS." ACCORDING TO THE EDB, APPROXIMATELY \$215,000 WAS EXPENDED FOR THIS GROUP FOR SERVICES IN STATE FISCAL YEAR 2003.

 PGM
 MATCH
 BUD AID
 FED AID
 MAINT
 FFP
 INCURR
 BUD

 CD
 CD
 CD
 ASSIT
 FUND
 EXP CD
 AID

 CAT

 U
 H
 X
 4
 3
 1
 35
 04

WE WOULD LIKE TO HAVE THIS DONE BY JUNE 18, 2004.

PLEASE CONTACT DAVE RUPE, 725-1289, IF QUESTIONS.

SYSTEM SPECIFICATIONS:

COPY MEMBER WT601060 WAS UPDATED WITH THE VALUES SPECIFIED IN THE CSR, PROGRAMS USING THIS COPY MEMBER WILL BE RECOMPILED TO PICK UP THE CHANGES. AN UPDATED 'EXHIBIT A' DOCUMENT WILL BE GENERATED AND SEND TO DAVE RUPEL.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 410 RUN DATE 06/02/04

CSR LOG

NUMBER - 4748 SUB BY- CHRISTINE CHUML SUB FOR- CHRIS JOHNSON PAGE- 1

ENTERED-05/05/04 PRIORITY-1 EST-DAYS-000 REQD
BEGIN-05/05/04 COMPLETE- CLOSE-

DESCRIPTION: PRP ICN MASS ADJUSTMENT

STATUS: AWAITING DSHS

REQUEST CONTROL NUMBER: 4866

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

Α

PLEASE CREATE A MASS ADJUSTMENT USING THE ICN .TXT FILE SENT TO DON BOOGERD VIA EMAIL ON 5/4/04. THE MASS ADJUSTMENT SHOULD BE HISTORY ONLY, ADJUSTMENT REASON "P". THE CLAIMS SHOULD BE SUSPENDED IN LOCATION 82 WITH EXCEPTION 635 WHICH REQUIRES A MANUAL BATCH RELEASE VIA THE MMIS 14 SCREEN. PLEASE BATCH THE CLAIMS ACCORDING TO PROVIDER NUMBER.

I WOULD LIKE THIS TO HAVE A HIGH PRIORITY.

THIS HAS BEEN DISCUSSED WITH DON BOOGERD.

ADDENDUM AS OF MAY 7, 2004

PLEASE CREATE AN EXTRACT OF ALL ICN'S WHERE ADJUSTMENT FAILED.

THIS HAS BEEN DISCUSSED WITH DON BOOGERD.

SYSTEM SPECIFICATIONS:

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 411 RUN DATE 06/02/04

CSR LOG

 NUMBER - 4749
 SUB BY- CATHIE OTT
 SUB FOR- MICHELLE SENN
 PAGE- 1

 ENTERED-05/10/04
 PRIORITY- EST-DAYS-000
 REQD-05/19/04

 BEGIN-05/10/04
 COMPLETE-05/21/04
 CLOSE

DESCRIPTION: PCOP CLIENT TRANSFER

STATUS:

REQUEST CONTROL NUMBER: 4867

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

PRIOR TO 06/01/04 PREMIUM GENERATION, PLEASE TRANSFER ALL CLIENTS WHO HAVE HAD A MAY 1, 2004 PREMIUM PAID TO 7502586 OR 7502594. PLEASE TRANSFER ALL CLIENTS ENROLLED IN 7502586 TO 7500952. PLEASE TRANSFER ALL CLIENTS ENROLLED IN 7502594 TO 7502511.

DO NOT TRANSFER ANY CLIENT WHO HAS A 7502586 OR 7502594 SEGMENT WITH AN END DATE OF 05/31/04 AND A CURRENT PCOP SEGMENT OF 060104-999999.

PLEASE CREATE THE STANDARD REPORT SUCCESSFULL TRANSFER AND ERROR REPORT ASSOCIATED WITH THE TRANSFER PROCESS.

THIS TRANSFER NEEDS TO TAKE PLACE NO LATER THAN MAY 17, 2004.

SYSTEM SPECIFICATIONS:

- O CREATE A SPECIAL UTILITY WHICH WILL READ THE RECIPIENT MASTER FILE AND GENERATE A FILE OF PICS OF CLIENTS TO BE REASSIGNED.
- O $\,$ MODIFY PROGRAM BWMR2409 TO READ THE PIC FILE AND TRANSFER CLIENTS.

05/10/04. ADDED - 269.

05/17/04. UPDATED - 516.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 412 RUN DATE 06/02/04

CSR LOG

NUMBER - 4750 SUB BY-	CATHIE OTT	SUB FOR- MICHELLE SENN	PAGE - 1
ENTERED-05/10/04	PRIORITY-	EST-DAYS-000	REQD -
BEGIN-05/10/04 COMPLET	E- CLO	DSE-	

DESCRIPTION: PREM 0351M RECOUPMENT PROCESS

STATUS: AWAITING ANALYSIS

REQUEST CONTROL NUMBER: 4868

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

WORKING OFF OF A SIMILAR PROCESS WITH THE AUTOMATED MANAGED CARE PREMIUM RECOUPMENTS, DIRECTLY AFTER THE MONTHLY MANAGED CARE PREMIUM GENERATION AND PAYMENT CYCLE, PLEASE SEARCH THE PAYMENT SYSTEM FOR ALL FFS CLAIMS WHEN THERE HAS BEEN A PREMIUM GENERATED FOR PROCEDURE CODE 0351M OR HIPAA EQUIVALENT CODE.

IF A 0351M PREMIUM HAS BEEN PAID AND THERE ARE FFS CLAIMS THAT HAVE BEEN IDENTIFIED AND PAID FOR THE SAME TIME PERIOD, PLEASE RECOUP THE FFS CLAIM WITH EOB 743.

THIS HAS BEEN DISCUSSED WITH DON BOOGERD.

SYSTEM SPECIFICATIONS:

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 413 RUN DATE 06/02/04

CSR LOG

NUMBER - 4751 SUB BY- ALLON PETERMAN SUB FOR- BARBARA HANSEN PAGE- 1

ENTERED-05/10/04 PRIORITY- EST-DAYS-000 REQD
BEGIN-05/10/04 COMPLETE- CLOSE-

DESCRIPTION: CHANGES TO EXCEPTION 105

STATUS: AWAITING ANALYSIS

REQUEST CONTROL NUMBER: 4869

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

PLEASE BYPASS EXCEPTION 105 FOR ALL PROVIDERS OTHER THAT PROVIDER TYPE 19 OR PROVIDER SPECIALTY 36 WHEN THE FOLLOWING CONDITIONS ARE MET:

THE PROCEDURE CODE IS ONE OF THE FOLLOWING: 99201-99215, 99241-99245, 99281-99288, 99301-99316, 99321-99333, 99360 AND;

THE DIAGNOSIS CODE IS: 290 THROUGH 319.99, EXCLUDING DIAGNOSIS CODE: 303.5.

THIS HAS BEEN DISCUSSED WITH DON BOOGERD AND DARIN MORIN.

SYSTEM SPECIFICATIONS:

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 414 RUN DATE 06/02/04

NUMBER - 4752 SUB BY- ALLON PETERMAN SUB FOR- DINEEN KILMER	PAGE - 1
ENTERED-05/10/04 PRIORITY- EST-DAYS-000	REQD-
BEGIN-05/10/04 COMPLETE-05/21/04 CLOSE-	
DESCRIPTION: OUTPUT DISTRIBUTION BIN REPORT STATUS:	
REQUEST CONTROL NUMBER: 4871	
DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO)
PLEASE PROVIDE TWO "COMPLETE OUTPUT DISTRIBUTION REPORTS, "ORGANIZED BY SUBSYSTEM IN HARD COPY AND ELECTRONIC.	BINREPRT-R001,
THIS WAS DISCUSSED WITH DARIN MORIN.	
SYSTEM SPECIFICATIONS:	
05/10/04. ADDED - 269.	

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 415 RUN DATE 06/02/04

CSR LOG

		SUB FOR- RANDY ROBINSON	PAGE - 1
ENTERED-05/13/04	PRIORITY-	EST-DAYS-000	REQD -
BEGIN-05/13/04 COMPLET	E- CLO	SE-	

DESCRIPTION: MODIFY DUR PROVIDER FILE

STATUS: AWAITING ANALYSIS

REQUEST CONTROL NUMBER: 4870

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

CSR 4590 OS AFFECTING RANDY ROBINSON'S FILES. RANDY IS REQUESTING THE FOLLOWING:

THE NEW FILE LAYOUT IS OVER 6000 CHARACTERS WIDE AND THE TOOLS I USE FOR LOADING DATA DON'T HANDLE RECORD LENGTHS GREATER THAT 4000 CHARACTERS. I WOULD LIKE THE FILE TO BE BROKEN INTO RELATIONAL FILES WITH A MAIN FILE AND THEN RELATIONAL FILES FOR ALL OF THE DATA GROUPS THAT OCCUR MORE THAN ONCE. EACH OF RECORDS IN THE RELATIONAL FILES WOULD HAVE THE PROVIDER NUMBER SO THAT THE RECORD CAN BE RELATED BACK TO THE ORIGINAL RECORD. THIS WOULD ELIMINATE THE BLANK FILLED EMPTY FIELDS, AND MAKE THE FILE SMALLER FOR ELECTRONIC TRANSMISSION AS WELL AS ENABLE ME TO USE EXISTING TOOLS TO LOAD THE DATA WITHOUT HAVING TO BUY ADDITIONAL TOOLS OR WRITE CUSTOM DATA MANIPULATION PROGRAMS.

THIS WAS DISCUSSED WITH DON BOOGERD.

SYSTEM SPECIFICATIONS:

05/13/04. ADDED - 269.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 416 RUN DATE 06/02/04

CSR LOG

NUMBER - 4754 SUB BY- DEBBIE COVERDEL SUB FOR- MMIS SERVICES PAGE - 1

ENTERED-05/13/04 PRIORITY- EST-DAYS-000 REQD
BEGIN-05/13/04 COMPLETE- CLOSE-

DESCRIPTION: CHANGES TO EXCEPTION 261

STATUS: AWAITING ANALYSIS

REQUEST CONTROL NUMBER: 4872

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

PLEASE ADD TO THE EXCEPTION THAT BYPASS THE 261 (RECIPIENT IS COVERED BY PART B OF MEDICARE) IF THE FOLLOWING CRITERIA ARE MET:

PROVIDER TYPE 26 OR 39

BILLING ANY OF THE FOLLOWING PROCEDURE CODES IN COMBINATION WITH ANY OF THE FOLLOWING DIAGNOSIS CODES:

PROCEDURE CODES:

A4462,A4465,A4649,A6010,A6011,A6154,A6407,A6441-A6456,A6501-A6512 (DRESSINGS)

A6231-A6266 (GAUZE)

DIAGNOSIS CODES:

344161 (NEUROGENIC BLADDER) 599.0 (URINARI TRACT INFECTION) 707,707.0,707.10-707.19,707.9-707.9 (ULCER OF SKIN) 788.2-788.21,788.29,788.3-788.39 (URINARY INCONTINENCE)

THIS HAS BEEN DISCUSSED WITH DARIN MORIN.

SYSTEM SPECIFICATIONS:

05/13/04. ADDED - 269.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 417 RUN DATE 06/02/04

CSR LOG

NUMBER - 4755 SUB BY- DEBBIE COVERDEL SUB FOR- MMIS SERVICES PAGE- 1

ENTERED-05/13/04 PRIORITY- EST-DAYS-000 REQD-

BEGIN-05/13/04 COMPLETE- CLOSE-

DESCRIPTION: CHANGES TO EXCEPTION 421

STATUS: AWAITING ANALYSIS

REQUEST CONTROL NUMBER: 4873

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

CHANGES TO EXCEPTION CODE 0421 (HOLD REVIEW INFO ON PAGE 2 OF PROVIDER

PLEASE ADD A NEW HOLD/REVIEW SEGMENT ON PAGE 2 OF THE PROVIDER MASTER FILE FOR ALL PHARMACY PROVIDER TYPE 26 THAT CURRENTLY HAVE CODE 94805A WITH AN END DATE OF 9999999.

THE NEW HOLD REVIEW WILL BE:

BEGIN END CD T LOW HIGH 100103 999999 25 C 989445 989445

THIS HAS BEEN DISCUSSED WITH DARIN MORIN.

SYSTEM SPECIFICATIONS:

05/13/04. ADDED - 269.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 418 RUN DATE 06/02/04

CSR LOG

NUMBER - 4756 SUB BY- DEBBIE COVERDEL SUB FOR- DIANNE BAUM PAGE- 1
ENTERED-05/14/04 PRIORITY- EST-DAYS-000 REQD-

BEGIN-05/14/04 COMPLETE- CLOSE-

DESCRIPTION: UPDATE PRIOR AUTH REPT DESC

STATUS: COMPLETE THIS WEEK

REQUEST CONTROL NUMBER: 4874

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

PLEASE ADD DESCRIPTIONS AS HIGHLIGHTED ON THE ATTACHED PAGE TO THE FOLLOWING LISTED PRIOR AUTHORIZATION CATEGORIES AND SUB-CATEGORIES ON REPORT #BWMA1700-R001, FINAL MONTHLY AUTHORIZATION ACTIVITY REPORT.

THIS HAS BEEN DISCUSSED WITH DARIN MORIN.

SYSTEM SPECIFICATIONS:

IN ORDER TO COMPLETE THIS CSR THE FOLLOWING WILL BE DONE.

UPDATE THE INPUT FILE, BWA.P.PADESC.FILE, WHICH IS USED IN THE PROGRAM BWMA1700, TO REFLECT THE REQUESTED CHANGES.

UPDATE THE FILE, BWA.P.PADESC.PRINT, SO A HARD COPY OF THE CHANGES CAN BE SENT TO THE STATE.

RUN A PARALLEL WITH THE CURRENT GEN OF THE INPUT TO BWMA1700 TO BE SURE THE NEW CHANGES ARE INCLUDED.

05/14/04. ADDED - 269.

06/01/04. UPDATED - 177.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 419 RUN DATE 06/02/04

CSR LOG

NUMBER - 4757 SUB BY	- ALLON PETERMAN	SUB FOR- CHRIS JOHNSON	PAGE - 1
ENTERED-05/17/04	PRIORITY-	EST-DAYS-000	REQD -
BEGIN-05/17/04 COMPLE	ΓE-05/28/04 CLC	SE-	

DESCRIPTION: NEW CLAIMS PROCESSING AGED REPT

STATUS:

REQUEST CONTROL NUMBER: 4877

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

PLEASE DEVELOP A NEW REPORT THAT LISTS ALL CLAIMS IN THE "IN PROCESS" INVENTORY IN ORDER TO DETERMINE THE MAKE UP OF THE CLAIMS INVENTORY BY AGE AND TYPE (SUSPENDED CLAIMS). THESE WILL BE CLAIMS THE SYSTEM CAN IDENTIFY "MONTH OF SERVICE" THAT HAVE NOT BEEN FINALIZED. THIS WILL BE A WEEKLY REPORT.

THIS REPORT SHOULD LIST CLAIMS BY MONTH OF SERVICE (NOT RECEIPT DATE OR ICN), BY CLAIM TYPE WITHIN MONTH OF SERVICE AND TOTAL NUMBER OF CLAIMS BY CLAIM TYPE AND MONTH OF SERVICE. MONTH OF SERVICE SHOULD BE CALCULATED FROM THE FIRST (OLDEST) DATE OF SERVICE ON THE CLAIM. PLEASE ROLL TOTALS BY MONTH OF SERVICE AFTER REPORTING NUMBER OF CLAIMS BY INDIVIDUAL CLAIM TYPES.

THIS REPORT WILL BE USED TO DO FORECASTING FOR THE BUDGET. THIS HAS A HIGH PRIORITY AND IS NEEDED BY MAY 31, 2004.

THIS HAS BEEN DISCUSSED WITH DON BOOGERD.

SYSTEM SPECIFICATIONS:

IN ORDER TO IMPLEMENT THIS CSR, THE FOLLOWING WILL NEED TO BE DONE:

- O CREATE A SPECIAL UTILITY WHICH WILL CREATE AN EXTRACT OF SUSPENDED CLAIMS.
- O CREATE A REPORT FROM THE CREATED EXTRACT LISTING THE NUMBER OF CLAIMS ON THE SUSPENSE FILE BY MONTH OF SERVICE AND CLAIM TYPE.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 420 RUN DATE 06/02/04

		SUB FOR- CHRIS JOHNSON	
ENTERED-05/17/04	PRIORITY-	EST-DAYS-000	REQD-
BEGIN-05/17/04 C	OMPLETE-05/28/04 CLO		
	ADDED - 269.		
05/25/04.	UPDATED - 516.		

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 421 RUN DATE 06/02/04

CSR LOG

NUMBER - 4758 SUB BY- SANDY ASBACH SUB FOR- MMIS SERVICES PAGE- 1

ENTERED-05/19/04 PRIORITY-1 EST-DAYS-000 REQD
BEGIN-05/19/04 COMPLETE- CLOSE-

DESCRIPTION: CHANGES TO EXCEPTION 169

STATUS: COMPLETE THIS WEEK

REQUEST CONTROL NUMBER: 4875

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

EFFECTIVE IMMEDIATELY, PLEASE UPDATE EXCEPTION CODE 169 (MODIFIER IN-VALID WITH PROCEDURE) CONCERNING MODIFIER 78 AS FOLLOWS:

MODIFIER 78 (INTRA-OP PAYMENT) IS ONLY VALID WITH PROCEDURES 10000 - 69999, 1000M - 6999M, AND G0001 - G0099.

THIS CSR SHOULD BE SIMULTANEOUS TO CSR 4718.

THIS HAS BEEN DISCUSSED WITH DARIN MORIN.

SYSTEM SPECIFICATIONS:

- O MODIFY THE LOGIC IN SECTION S340-000-EDIT-LINE-ITEM OF BWPC2050 CONCERNING MODIFIER '78' TO ONLY BYPASS FOR THOSE PROCEDURE CODES LISTED ABOVE.
- O MODIFY THE VALUES IN WK-156-PROC-CODE-MOD-78 OF BWWC2050 FROM 10000 99999 TO 10000 69999.
- O MODIFY THE VALUES IN WK-156-PROC-CODE-MOD-78-ST-M OF BWWC2050 FROM 1000M 9999M TO 1000M 6999M.
- O RECOMPILE PROGRAMS BWSC2050 AND BWOC0034.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 422 RUN DATE 06/02/04

			SUB FOR- MMIS SERVICES	
ENTERED-05/19/04		PRIORITY-1	EST-DAYS-000	REQD -
BEGIN-05/19/04	COMPLETE-	CLO	 OSE- 	
	ADDED -			
05/24/04.	UPDATED	- 158.		

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 423 RUN DATE 06/02/04

CSR LOG

NUMBER - 4759 SUB BY- CATHIE OTT SUB FOR- MONTE JOHNSON PAGE- 1

ENTERED-05/19/04 PRIORITY- EST-DAYS-000 REQD-

BEGIN-05/19/04 COMPLETE-05/28/04 CLOSE-

DESCRIPTION: ACCOUNT CODE CHANGES

STATUS:

REQUEST CONTROL NUMBER: 4876

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

ADOPTION MEDICAL - INDIAN HEALTH

UPDATE THE MMIS ACCOUNT CODE ASSIGNMENT MANUAL AS FOLLOWS,

SECTION I CHAPTER 2 PAGE 25

ADD NEW ROUTINE WITH ADDITIONAL QUALIFIER OF SUB-SUB-OBJECT=NB-M740

AND MAP TO NEW TABLE A-2

SECTION I CHAPTER 3 NEW PAGE 3

ADD NEW TABLE A-2

ADOPTION MEDICAL - INDIAN HEALTH

UPDATE THE MMIS ACCOUNT CODE ASSIGNMENT MANUAL AS FOLLOWS,

SECTION I CHAPTER 2 PAGE 25

ADD NEW ROUTINE WITH ADDITIONAL QUALIFIER OF SUB-SUB-OBJECT = NB-M740

AND MAP TO NEW TABLE A-2

SECTION I CHAPTER 3 NEW PAGE 3

ADD NEW TABLE A-2

SYSTEM SPECIFICATIONS:

THIS CSR WAS COMPLETED WITH CSR4710 ON 04/30/04.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 424 RUN DATE 06/02/04

		SUB FOR- MONTE JOHNSON	
ENTERED-05/19/04	PRIORITY-	EST-DAYS-000	REQD -
BEGIN-05/19/04 COM	MPLETE-05/28/04 CL		
	ADDED - 269.		
05/20/04. T	JPDATED - 177.		

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 425 RUN DATE 06/02/04

CSR LOG

		SUB FOR- MMIS SERVICES	
ENTERED-05/20/04	PRIORITY-	EST-DAYS-000	REQD -
BEGIN-05/20/04 COMPLETE	- CLO	SE-	

DESCRIPTION: CHANGES TO EXCEPTION 310

STATUS: AWAITING ANALYSIS

REQUEST CONTROL NUMBER: 4878

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

LEASE MAKE THE FOLLOWING BOLD FACED UPDATE TO THE POSTING CRITERIA OF EXCEPTION 310 (RURAL HEALTH AND FOHC CROSS-OVERS).

THE FOLLOWING CONDITIONS ARE TRUE:

- A. EXCEPTIONS (124, 132, 134, 225) ARE NOT DETECTED.
- B. FIRST DATE OF SERVICE IN NOT EQUAL TO ZEROS.
 - 1. PROVIDER TYPE IS EQUAL TO 88 (RURAL HEALTH CENTER) AND THERE IS NO MEDICARE RATE LISTED ON THE PROVIDER CHARGE FILE (SCREEN 6) FOR THE BILLING PROVIDER NUMBER UNDER REVENUE CODE 521R FOR THE DATE OF SERVICE.
- C. CLAIM TYPE IS EQUAL TO V OR W (MEDICARE XOVERS).

THIS CSR WILL NEED TO BE IMPLEMENTED CONCURRENTLY WITH CSR 4730/RCN 4849 (RHC OUTPATIENT X-OVER PRICING). EXCEPTION 310 WILL NOT NEED TO POST IF THE SYSTEM CAN AUTOMATICALLY PRICE THE CLAIM. OTHERWISE, WE STILL NEED THE EXCEPTION TO POST IF A RATE IS NOT ON FILE.

THIS HAS BEEN DISCUSSED WITH DARIN MORIN.

SYSTEM SPECIFICATIONS:

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 426 RUN DATE 06/02/04

CSR LOG

NUMBER - 4761 SUB BY- PATTY ORTH SUB FOR- CONNIE RIDDLE PAGE- 1

ENTERED-05/20/04 PRIORITY- EST-DAYS-000 REQD
BEGIN-05/20/04 COMPLETE-05/28/04 CLOSE-

DESCRIPTION: UPDATE PHS PROV FOR DRUG REBATE

STATUS:

REQUEST CONTROL NUMBER: 4879

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

PLEASE MAKE THE FOLLOWING CHANGES TO THE LIST OF PHS EXEMPT PROVIDERS THAT ARE EXCLUDED FROM DRUG REBATE INVOICING:

ADD:	7034044	COUNTRY DOCTOR CLINIC	EFFECTIVE 07/01/03
DELETE:	7034004 7900368	COUNTRY DOCTOR CLINIC	EFFECTIVE 07/01/03
	7500500	WASHINGTON	EFFECTIVE 01/01/04
	7900376	PLANNED PARENTHOOD OF CENTRAL	
		WASHINGTON	EFFECTIVE 01/01/04
	7900384	PLANNED PARENTHOOD OF CENTRAL	
		WASHINGTON	EFFECTIVE 01/01/04
	7900392	PLANNED PARENTHOOD OF CENTRAL	
		WASHINGTON	EFFECTIVE 01/01/04
	7913700	MT BAKER PLANNED PARENTHOOD	EFFECTIVE 01/01/04
	7913908	PLANNED PARENTHOOD OF CENTRAL	
		WASHINGTON	EFFECTIVE 01/01/04
	7922404	PLANNED PARENTHOOD OF	
		SPOKANE/WHITMAN CO.	EFFECTIVE 01/01/04

PLEASE IMPLEMENT THESE CHANGES PRIOR TO RUNNING THE 1Q04 INVOICES.

THIS HAS BEEN DISCUSSED WITH DARIN MORIN.

SYSTEM SPECIFICATIONS:

THIS IS IN RESPONSE TO CSR4761 WHICH REQUESTS CHANGES TO THE LIST OF PROVIDERS EXEMPT FROM DRUG REBATE.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 427 RUN DATE 06/02/04

NUMBER - 4761 SUB BY- PA	TTY ORTH	SUB FOR- CONNIE	RIDDLE	PAGE -	2
ENTERED-05/20/04	PRIORITY-	EST-DAYS-000		REQD-	
BEGIN-05/20/04 COMPLETE-0	5/28/04 CLOS	SE-			
O ADD THE PROVI	DERS TO TABLE	WT990950.			
O RECOMPILE PRO	GRAMS BWMQ200	00 AND BWMQ3000.			
05/20/04. ADDED - 2	269.				
05/27/04. UPDATED	E16				
US/27/U4. UPDAIED	- 510.				

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 428 RUN DATE 06/02/04

CSR LOG

NUMBER - 4762 SUB BY- C	CATHIE OTT	SUB FOR- MICHELLE SE	NN PAGE - 1
ENTERED-05/20/04	PRIORITY-	EST-DAYS-000	REQD -
BEGIN-05/20/04 COMPLETE-	- CLO	 SE-	

DESCRIPTION: XWALK PLANS IN PCOP ASSIGNMENTS

STATUS: AWAITING ANALYSIS

REQUEST CONTROL NUMBER: 4880

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

PLEASE HARDCODE THE CROSSWALK IN THE MMIS SYSTEM TO CROSSWALK THE FOLLOWING PLAN NUMBERS 7502586 TO 7500952 DURING THE ASSIGNMENT PROCESS, WHEN ASSIGNING CLIENTS FOR THESE SPECIFIC INFO CODES L1, L2, AND L3.

PLEASE MAKE THIS CHANGE EFFECTIVE WITH THE ASSIGNMENTS THAT ARE PROCESSED ON JUNE 14, 2004.

THIS HAS BEEN DISCUSSED WITH DON BOOGERD.

SYSTEM SPECIFICATIONS:

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 429 RUN DATE 06/02/04

CSR LOG

NUMBER - 4763 SUB BY- 0	CATHIE OTT	SUB FOR- MICHELLE SENN	PAGE - 1
ENTERED-05/20/04	PRIORITY-	EST-DAYS-000	REQD -
BEGIN-05/20/04 COMPLETE	- CLC	 OSE-	

DESCRIPTION: COMBINE R2001R10 AND R2001R05

STATUS: AWAITING ANALYSIS

REQUEST CONTROL NUMBER: 4881

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

PLEASE COMBINE THE TWO FILES R2001R10 AND R2001R05 INTO ONE FILE - THERE IS NO LONGER A NEED TO HAVE TWO SEPARATE FILES.

SYSTEM SPECIFICATIONS:

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 430 RUN DATE 06/02/04

CSR LOG

NUMBER - 4764 SUB BY-	CATHIE OTT	SUB FOR- MICHELLE SENN	PAGE - 1
ENTERED-05/20/04	PRIORITY-	EST-DAYS-000	REQD -
BEGIN-05/20/04 COMPLETE	- CLC	- ~ -	
DESCRIPTION: UPDA			

STATUS: AWAITING ANALYSIS

REQUEST CONTROL NUMBER: 4882

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

LEASE DO NOT INCLUDE A CLIENT ON THE NEWLY ELIGIBLE FILE IF ANY OF THE FOLLOWING OCCURS:

- * THE CLIENT'S ELIGIBILITY END DATE IS PRIOR TO OR EQUAL TO THE LAST DAY OF THE CURRENT MONTH
- * THE CLIENT AT ANYTIME WITH IN THE THE LAST 6 MONTHS FROM THE CUR-RENT DATE HAD ANY ONE OF THE FOLLOWING PROGRAM, MATCH AND ELIGIBIL-ITY CODE COMBINATIONS:
- PROGRAM CODE OF "C" OR "E" WITH A MATCH CODE OF "1", "2", "S" OR "C" WITH ELIGIBILITY OF "0"
- PROGRAM CODE OF "H" WITH A MATCH CODE OF "2", "C", "S", "T" OR "M" WITH ELIGIBILITY OF "0"
- PROGRAM CODE OF "S" WITH A MATCH CODE OF "C", "S", "T", OR "U" WITH ELIGIBLITY OF "0"
- PROGRAM CODE OF "U" WITH A MATCH CODE OF "H" WITH ELIGIBILITY OF "0"
- PROGRAM CODE OF "N" WITH A MATCH CODE OF "S" WITH ELIGIBILITY OF "0"

SYSTEM SPECIFICATIONS:

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 431 RUN DATE 06/02/04

CSR LOG

NUMBER - 4765 SUB BY-	SANDRA RICCOLO	SUB FOR- MMIS SERVICES	PAGE - 1
ENTERED-05/25/04	PRIORITY-	EST-DAYS-000	REQD-
BEGIN-05/25/04 COMPLET	E- CLO	SE-	

DESCRIPTION: CHANGES TO EXCEPTION 310

STATUS: AWAITING ANALYSIS

REOUEST CONTROL NUMBER: 4878

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

PLEASE MAKE THE FOLLOWING BOLD FACED UPDATE TO THE POSTING CRITERIA OF EXCEPTION 310 (RURAL HEALTH AND FQHC CROSS-OVERS).

THE FOLLOWING CONDITIONS ARE TRUE:

- A. EXCEPTIONS (124,132,134,225) ARE NOT DETECTED.

 B. FIRST DATE OF SERVICE IS NOT EQUAL TO ZEROS.

 C. PROVIDER TYPE IS EQUAL TO 88 (RURAL HEALTH CENTER) AND THERE IS NO MEDICARE RATE LISTED ON THE PROVIDER CHARGE FILE (SCREEN 6) FOR THE BILLING PROVIDER NUMBER UNDER REVENUE CODE 521R FOR THE DATE OF SERVICE.
- D. CLAIM TYPE IS EQUAL TO V OR W (MCARE XOVERS).

THIS CSR WILL NEED TO BE IMPLEMENTED CONCURRENTLY WITH CSR 4730/RCN 4849 (RHC OUTPATIENT X-OVER PRICING). EXCEPTION 310 WILL NOT NEED TO POST IF THE SYSTEM CAN AUTOMATICALLY PRICE THE CLAIM. OTHERWISE, WE STILL NEED THE EXCEPTION TO POST IF A RATE IS NOT ON FILE.

THIS HAS BEEN DISCUSSED WITH DARIN MORIN.

SYSTEM SPECIFICATIONS:

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 432 RUN DATE 06/02/04

CSR LOG

NUMBER - 4766 SUB BY- ALLON PETERMAN SUB FOR- DIANNE BAUM PAGE- 1

ENTERED-05/25/04 PRIORITY- EST-DAYS-000 REQD
BEGIN-05/25/04 COMPLETE- CLOSE-

DESCRIPTION: ADD LOCATION INQUIRY TO PA

STATUS: AWAITING ANALYSIS

REQUEST CONTROL NUMBER: 4883

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

PLEASE CHANGE THE TEST AND LIVE SYSTEM TO ALLOW INQUIRY BY "LOCATION" ON THE 11 SCREEN (PRIOR AUTHORIZATION) AND RECEIVE A SUMMARY THAT WILL PROVIDE THE FOLLOWING INFORMATION.

PATIENT IDENTIFICATION CODE (PIC)
AUTHORIZATION NUMBER
DATES (SPAN OF FROM-TO)
PROVIDER NUMBER
PA LOCATION
STATUS OF AUTHORIZATION NUMBER

THESE ARE THE SAME ELEMENTS AS ON THE 11 SCREEN WITH A CLIENT PIC WITH THE EXCEPTION OF THE PA CATEGORY. CHANGE PA CATEGORY TO PA LOCATION.

PLEASE CONTACT DIANNE BAUM FOR QUESTIONS.

THIS HAS BEEN DISCUSSED WITH DARIN MORIN.

SYSTEM SPECIFICATIONS:

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 433 RUN DATE 06/02/04

CSR LOG

NUMBER - 4767 SUB BY- SUE HILTON SUB FOR- MMIS SERVICES PAGE - 1

ENTERED-05/25/04 PRIORITY-1 EST-DAYS-000 REQD
BEGIN-05/25/04 COMPLETE- CLOSE-

DESCRIPTION: AD HOC CPT PROC CODE EXTRACT

STATUS: COMPLETE THIS WEEK

REQUEST CONTROL NUMBER: 4884

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

PLEASE GENERATE A REPORT THAT LISTS ALL CPT PROCEDURE CODES THAT HAVE STERILIZATION INDICATORS "H" (HYSTERECTOMY), ALPHA "O" (STERILIZATION), AND "V" (VASECTOMY) ON THE PDDD FILE)SCREEN 5) FOR TYPES OF SERVICE "O" (ZERO), "3", AND "Z". SORT THIS REPORT BY INDICATOR, THEN BY CPT PROCEDURE CODE.

THIS REQUEST IS SIMILAR TO CSR 3261.

THIS HAS BEEN DISCUSSED WITH DARIN MORIN.

SYSTEM SPECIFICATIONS:

IN ORDER TO IMPLEMENT THIS CSR, THE FOLLOWING WILL NEED TO BE DONE:

- O WRITE A ONE-TIME JOB THAT WILL EXTRACT ALL PROCEDURE CODES WITH A TYPE OF SERVICE OF 3, O, OR Z, A RECORD CODE OF 51, AND AN INDICATOR IN THE STERILIZATION FIELD OF THE PDDD FILE.
- O $\,$ The extract will be sorted by indicator and then by $\,$ procedure code.
- O A REPORT WILL BE PRODUCED WITH EACH PROCEDURE CODE AND ITS CORRESPONDING STERILIZATION INDICATOR.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 434 RUN DATE 06/02/04

		SUB FOR- MMIS SERVICES	
ENTERED-05/25/04	PRIORITY-1	EST-DAYS-000	REQD-
BEGIN-05/25/04 CO	MPLETE- CLO		
	JPDATED - 516.		

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 435 RUN DATE 06/02/04

CSR LOG

NUMBER - 4768 SUB BY- CATHIE OTT SUB FOR- MARK TERJESON PAGE- 1

ENTERED-06/01/04 PRIORITY- EST-DAYS-000 REQD-06/03/04

BEGIN-06/01/04 COMPLETE- CLOSE-

DESCRIPTION: 2004 COPES HCFA 372 REPORT

STATUS: AWAITING ANALYSIS

REQUEST CONTROL NUMBER: 4885

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

2004 COPES HCFA 372 PROCESS ANNUAL REPORT

WE HAVE BEEN ASKED TO ASSIST AGING AND ADULT SERVICES ADMINISTRATION IN PREPARING HCFA-372 REPORTS FOR THE PERIODS OF 04/01/02 TO 03/31/03 (LAG REPORT) AND 04/01/03 TO 03/31/04 (CURRENT). THE PROCESS IS THE SAME AS USED IN LAST YEAR'S REQUEST.

THE FILE WAS ELECTRONICALLY TRANSFERRED TO ACS TO A MARPARM FILE NAMED WAIVO 304.

FIELD NAME	POSITION	NUMBER OF CHARACTERS
CONSTRUCTED PIC	1	13
SPACE	14	1
SSN	1.5	9

PLEASE NOTE THAT BIRTHDATE (8-13) IS YYMMDD THE PROCESS IS THE SAME AS USED IN REGULAR COPES PROCESSING.

- MMIS DATA TO BE INCLUDED IN THE PROCESS WILL INCLUDE CLAIMS WHICH HAVE BEGINNING DATE 04/01/02 TO 03/31/03 (LAG REPORT) AND 04/01/03 TO 03/31/03 (CURRENT).
- PLEASE PUT PIC MATCH OUTPUT ON MARPARM AND PRODUCE BOTH HARDCOPY REPORT AND CD.
- PLEASE MAKE SURE TO MATCH AGAINST LAST YEAR'S LAG FILE.

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT BARBARA DULMAN AT 725-1215.

SYSTEM SPECIFICATIONS:

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 436 RUN DATE 06/02/04

NUMBER - 4768 SUB BY- CATHIE OTT		PAGE - 2
ENTERED-06/01/04 PRIORITY-	EST-DAYS-000	REQD-06/03/04
BEGIN-06/01/04 COMPLETE-		
06/01/04. ADDED - 269.		
		ı

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 437 RUN DATE 06/02/04

CSR LOG

NUMBER - 4769 SUB BY-	CATHIE OTT	SUB FOR- DAVE RUPEL	PAGE - 1
ENTERED-06/01/04	PRIORITY-	EST-DAYS-000	REQD -
BEGIN-06/01/04 COMPLET	E- CLO	DSE-	

DESCRIPTION: VALID VALUE DESCRIPTION UPDATES

STATUS: AWAITING ANALYSIS

REQUEST CONTROL NUMBER: 4886

DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO

AS A COMPANION TO CSR 4741, PLEASE ADD PROGRAM H MATCH Q TO DATA ELEMENT 01033 IN THE TABLE OF VALID VALUES. ALSO, DEFINITIONS FOR PROGRAM M HAVE BEEN CHANGED FROM MEDICALLY INDIGENT TO PSYCHIATRIC INPATIENT INDIGENT. PLEASE UPDATE DESCRIPTORS FOR DATA ELEMENT 01033 AND 01034 PER ATTACHMENTS.

PLEASE CONTACT DAVE RUPEL, 725-1289, IF QUESTIONS.

SYSTEM SPECIFICATIONS:

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEMS

PAGE 438 RUN DATE 06/02/04

NUMBER - 4770 SUB BY- CATHIE OTT SUB FOR- MONTE JOHNSON PAGE- 1
ENTERED-06/01/04 PRIORITY-1 EST-DAYS-000 REQD-
BEGIN-06/01/04 COMPLETE- CLOSE-
DESCRIPTION: MODIFY ACCT CODE ADJ EDITS
STATUS: AWAITING ANALYSIS
REQUEST CONTROL NUMBER: 4887
DESCRIPTION OF REQUEST: Y2K IMPACT: MAA: NO CONSULTEC: NO
MODIFY THE EDITS FOR THE ACCOUNTING CODE USED IN ADJUSTMENTS.
EDIT THE FUND TO ALOW ONLY THE FOLLOWING VALID VALUES:
001 (ZERO ZERO ONE)
181 (ONE EIGHT ONE)
760 (SEVEN SIX ZERO) 02V (ZERO TWO V)
03C (ZERO THREE C)
05C (ZERO FIVE C)
THIS EDIT IS REQUIRED BECAUSE AN INVALID FUND POTENTIALLY DELAYS THE WARRANT PROCESS.
THIS HAS BEEN DISCUSSED WITH DARIN MORIN.
SYSTEM SPECIFICATIONS:
05/04/04
06/01/04. ADDED - 269.